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TRANSACTIONS
OF THE
CANADIAN DENTAL
ASSOCIATION



ANNUAL MEETING
ROYAL YORK HOTEL
TORONTO, ONT.

MAY 11-17, 1950-

OCT. 14-17, 1953

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TRANSACTIONS

CANADIAN DENTAL ASSOCIATION

ANNUAL MEETING

TORONTO

May 11 — 17, 1950

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V.

BOARD
OF
GOVERNORS

OFFICIALS

1949-1950

Officers

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<i>Immediate Past-President</i> - - - - -	H. J. MERKELEY, Winnipeg
<i>Vice-President</i> - - - - -	R. P. LOWERY, Toronto
<i>Secretary-Treasurer</i> - - - - -	DON W. GULLETT, Toronto

Executive

G. VERNON FISK, H. J. MERKELEY, R. P. LOWERY,
GUSTAVE RATTE, HAROLD M. CLINE, DON W. GULLETT.

Board of Governors

H. M. CLINE - - - - -	1428 Medical-Dental Bldg., Vancouver, B.C.
H. BADEN POWELL - - - - -	309 Greyhound Bldg., Calgary, Alta.
M. J. MACDONELL - - - - - (alternate for DR. W. M. BLAIR)	410 Avenue Bldg., Saskatoon, Sask.
H. J. MERKELEY - - - - -	613 Medical Arts Bldg., Winnipeg, Man.
HARVEY W. REID - - - - -	195 Yonge St., Toronto, Ont.
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R. P. LOWERY - - - - -	19A Glendonwynne Rd., Toronto, Ont.
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J. K. CARVER - - - - -	1414 Drummond, Montréal, Qué.
GUSTAVE RATTE - - - - -	140 rue St. Jean, Québec, Qué.
A. J. COUGHLAN - - - - -	20 Dorchester St., Saint John, N.B.
G. M. DEWIS - - - - -	269 Gottingen St., Halifax, N.S.
R. H. BARRETT - - - - -	Charlottetown, P.E.I.

PRESIDENT'S ADDRESS TO BOARD OF GOVERNORS

It is my happy privilege to welcome you to the Province of Ontario and particularly to the City of Toronto. This is not the first time a meeting of the Board of Governors of this Association has convened in this city. You may recall other meetings in this hotel, at which were made important decisions respecting policy that have strengthened and unified our Association.

At our meeting this year matters of considerable importance will be brought before you, which, if considered with similar good judgment and foresight, will result in enhancement of our status as a health service.

This meeting is unique in that for the first time, there are present, representatives from Newfoundland. I extend greetings to Dr. Kavanagh and Dr. Frank Hogan and offer them the privileges of the floor. A formal application has been received from the Newfoundland Dental Association for Corporate Membership in our Association, which your Executive Committee has recommended for your favourable consideration. It is my sincere hope that all members of the Board of Governors will be in attendance at the Open Session of our Association next Monday, when the Newfoundland Dental Association will be admitted to Corporate Membership in the C.D.A.

It is with a deep sense of regret that I record the passing of a very highly esteemed and active member, in the person of Dr. Vic. Crowe. He was a Past-President and delegate from Nova Scotia for a number of years. As many of you will recall, his attendance at Saskatoon was due to a sheer sense of duty, for he was not free from pain during that Meeting. He left immediately for Montreal for physical examination and his death occurred less than a month later. Another loss has been sustained during the past year in the death of Dr. Fen Bonnell, also a valued former member of the Board of Governors representing New Brunswick. Both of these men gave wise counsel and leadership. I regret further that illness prevents the attendance of another member of our Board of Governors — Dr. Wilf Blair was stricken with a coronary thrombosis at the end of March. We wish him an early recovery.

On your behalf I wish to welcome to this Session, Dr. G. M. Dewis, the new representative of the Provincial Dental Board of Nova Scotia. He brings to this Board, experience gained as Registrar of the Provincial Dental Board of Nova Scotia. We also welcome Dr. M. J. MacDonell, acting Governor representing the College of Dental Surgeons of Saskatchewan.

It is not possible, nor would it be advisable in the available time, for me to recount the activities of all the committees since the last meeting of the Board of Governors. Information concerning their activities will be presented

PRESIDENT

at this meeting through the committee reports. I shall, however, comment briefly upon a few.

From the report of the Executive Committee, which was forwarded to each member of the Board of Governors, you may have noticed that a three-day session was necessitated by the matters requiring deliberation. During those sessions, various committee reports were presented. Of these, one of special interest and importance to us at this time, is the comprehensive report given by the Chairman of the Finance Committee concerning the financial condition and responsibilities

Prominent in the discussion following the report of the Finance Committee was a recognition of the fact that our Headquarters Staff has been operating under a serious handicap because of increased demands upon their services, but augmentation of personnel has been an impossibility due to inadequate office space.

To relieve this situation as the members of this Board are aware, the Executive considered two methods of procedure: The rental of adequate space and the purchase of suitable property. Investigation has revealed that relief through rental arrangements is not possible as space has not been found within the limits of a reasonable budget; but it is estimated that the budget allotment endorsed by the Executive would be adequate to maintain a purchased property.

The establishment of a Housing Fund has been recommended, to which Fund contributions may be made voluntarily by the Corporate Members, either as a lump sum or upon an annual basis as an additional amount over and above the regular annual grant.

The urgent necessity for immediate action in the matter of housing accommodation for an augmented personnel at Headquarters, is a responsibility which demands solution before the conclusion of this meeting.

The current financial needs of our National Association have been under review by our Corporate Members. As a result, three of these increased their grants to the C.D.A. for the present calendar year and notification has been received from two others, of an increase to commence next year. This tangible recognition of the importance which the work of our National Association holds in the minds of our Corporate Members augurs well for its continuance.

The Health Insurance Committee has continued its important activities and it has reported satisfactory progress. Your approval of a proposed arrangement for a study of the New Zealand Dental Health Plan will provide the Health Insurance Committee with important information.

Already the work of the Council on Dental Education has had a favourable influence upon the teaching of dentistry in our Canadian Universities. The selection of the personnel of the survey team by the Council will result in further benefit to the public and to the profession by bringing about

greater uniformity in the pre-professional and undergraduate training of students in dentistry.

Again, the Committee on Publications has functioned effectively in maintaining an important liaison with the profession through our monthly Journal, notwithstanding the spiral of increased costs. The Editors, Business Manager and Committee continue to earn our commendation for their ability to maintain a high standard in the field of professional journalism.

During the year, dentistry received recognition through the efforts of the Public Relations Committee which supplied representatives of the press with information respecting dentistry. In addition, this Committee also co-operated with the Canadian Broadcasting Corporation in nation-wide radio broadcasts on dental subjects. To this Committee has been entrusted the development of a program to suitably celebrate the silver anniversary of this Association during 1952.

Other aspects of the work of the Association during the year might well come under review, many of which will be unfolded during the progress of this meeting. All committees have functioned efficiently as has been shown in their reports.

Since the last meeting of this Board, your President by virtue of his office, has been in attendance at 120 meetings of Committees, through which has been obtained an intimate knowledge of the efficient manner in which the chairmen and members of their committees are conducting the affairs of the Association, which come under their purview. The importance of our committees is fully appreciated by every member of this Board of Governors, and on your behalf I wish to thank every Chairman and each individual member of his Committee for their cooperative service.

There are two special committees which have fulfilled in a creditable manner, the purpose for which they were appointed—namely, the Advisory Committee and the International Relations Committee. I recommend that these committees be discontinued and that henceforth their duties be incorporated with those of the Executive Committee.

The need for more frequent meetings of the Executive Committee was definitely established this year by the necessity for a three-day session, and there will be greater need for an additional meeting next year with sixteen months elapsing between this and the next meeting of the Board of Governors. I therefore wish to recommend that hereafter the Executive meet twice between meetings of the Board of Governors.

This year your Secretary and I were privileged to visit about twenty dental societies, from St. John's, Newfoundland to Victoria, B.C. In each society we were received with a graciousness and cordiality which are indicative of sincere interest in the activities of our National Association.

In conclusion may I extend my sincere thanks to the Executive Committee, the Board of Governors, the Chairmen and members of the Committees, and to the Secretary and the Headquarters staff for their valued cooperation

PRESIDENT

and support during my term of Office. During the year it has been my good fortune to have the counsel of our Vice-President and I wish him success and happiness in his term of service.

Recommendations

1. That the application of the Newfoundland Dental Association for Corporate Membership in the C.D.A. be approved.
2. That before the conclusion of this meeting of the Board of Governors, a suitable plan be developed and direction given for the establishment of a National Headquarters.
3. That the plan for the Study of the New Zealand Health Service be approved.
4. That the golden anniversary of this Association in 1952 be celebrated in a suitable manner.
5. That the Executive Committee meet twice between meetings of the Board of Governors.
6. That the Advisory Committee be discontinued.
7. That the International Relations Committee be discontinued.

Respectfully submitted,

G. VERNON FISK,
President.

COMMENT ON PRESIDENT'S ADDRESS

Most of the really important decisions on which the future of dentistry will depend were made in Toronto. The atmosphere of meetings here have been happy and thoughtful. The committee feels that it is expressing the views of all visitors when it hopes that many more meetings will be held in this city.

The presence of delegates from our newest province, Newfoundland, is the most significant omen of the developing stature of Canada in the past 45 years. This makes the family complete.

We suggest that from this meeting, the first that has been held since the death of our friend and recent Past President, Vic Crowe, a suitable letter of appreciation of the man he was should be sent to Mrs. Crowe, even at the expense of irritating a partly healed wound, this tribute to be signed by each of his coworkers present here.

Our Executive Officers have already expressed sincere sympathy of the profession to Dr. Bonnell's family. Our profession has lost a leader.

We hope and expect to see Wilf Blair at the next meeting of the Board of Governors. It would be nice to tell him so collectively in a letter.

We concur in the welcome to Drs. Dewis and MacDonell—we need such men.

We deem it advisable to withhold comment on paragraphs 7 to 12 inclusive since these matters will be under discussion under other headings.

The findings of the Council on Dental Education are fundamental to the development of dentistry. We do not feel competent to comment on the work of the Council.

This Board agrees most heartily with the sentiments of the President regarding the Committee on Publications. The reward for their work is small, the results, tremendous.

The work of the Public Relations Committee has been excellent but it is the opinion of this board that there is dire need for a great extension in this field and the Board of Governors must find some means of doing this. Men practising dentistry have neither the time nor the training for such a job.

Many favourable comments on the C.B.C. broadcasts have been heard. There is a big field for public education in dental health problems.

The work of the President has become extremely onerous and time demanding. We recommend to this Board that the Executive Committee be asked to examine the problem with the thought that there should be some reasonably equitable recompense to the President for time spent on business of our Association.

We concur in the recommendations respecting the Advisory Committee and the Committee on International Relations.

We doubt if it is wise to limit the Executive Committee meetings to any given number. It would appear to be advisable to hold them when and where needed.

The visits of the President and Secretary to the main provincial centres have been of the utmost importance in drawing the profession into a more cohesive body. It is to be hoped that these visits will be kept up.

Regarding the recommendations: This board endorses No's 1. 2. 3. 6 & 7.; does not approve No. 5; and agrees heartily with the principle expressed in No. 4.

APPROVED

REPORT OF SECRETARY

By custom the report of the Secretary is made up of matter not contained in other reports presented at the Annual Meeting. The proper functioning of an organization depends to a large extent upon a clear definition of duties and functions of its component parts. Some suggestions of this nature will be made herein.

1. On the Condition of Dentistry

A. Personnel

On several occasions during the year health authorities have stated the greatest problem of dentistry to be that of personnel. Quite probably the health surveys now being conducted across the country will emphasize this point in respect to dentistry. Owing chiefly to the increase in population during recent years, the ratio of dentists to population has fallen almost continuously since the cessation of hostilities. The annual statistical data reports as follows:

1946	—	1/2633
1947	—	1/2510
1948	—	1/2735
1949	—	1/2832
1950	—	1/3002 (including Newfoundland)
1950	—	1/2928 (without Newfoundland)

This ratio in the year 1938 was one dentist to 2672 of the population. A betterment of ratio can be anticipated in 1951 and 1952 owing to the increased number of graduates during 1950 and 1951. For the years immediately following 1952, a normal number of graduates (estimated at approximately 160) will occur if classes are filled to capacity. Owing to the existing high percentage of members of the profession over 50 years of age, it is probable that the annual loss by death and retirement will increase. (Average for past few years is 110 per year.)

The following table indicates the number of graduates from the Canadian schools for a six year period (Graduates from Schools outside Canada not included) and the resulting increases or decreases in the number of dentists in Canada.

Graduates		Personnel Reported Jan. 1st		
Year	No.	Year	No.	Increase or Decrease
1944	140	1945	4529	+ 24
1945	116	1946	4565	+ 36
1946	102	1947	4602	+ 37
1947	149	1948	4601	- 1
1948	99	1949	4549	- 52
1949	180	1950	4618	+ 69
	---		---	
	786			+ 113

Over a six year period with 786 graduates, the actual gain in personnel has been 113. During the same period the population increased by 1,691,000.

It would appear that after 1952, the maximum number of graduates procurable with present teaching facilities in the five dental schools will do little if anything to improve the ratio. If the age factor results in increased loss and the population continues to increase, the needs of the public will not be met. The Association should anticipate need and give direction how best to meet the problem. It would appear wise to presuppose the observations which will most likely appear in the health survey report now being compiled, and have the attitude of the Association specifically stated.

B. Economics

The statistics of the Association respecting personnel developed during recent years have been very valuable. It is regrettable that an annual economic survey could not have been developed for the same period. To be of value, such a survey needs expert guidance and the full cooperation of the members of the profession which has proven to be too difficult a task up to the present.

Any statement respecting the economy of dental practice has been obtained from random sources and cannot be considered as reliable. Generally speaking, the overhead expenses of practice have increased during the past year which has resulted in lowered net incomes in many practices and on the average, gross incomes were slightly lower than those of the preceding year.

C. Observations

(a) Dental care has grown to the stature of a basic need wherever the needs of the population are under consideration.

(b) The costs of dental care are being given serious consideration by government authorities and ways and means of reducing costs are being investigated, as a result of mounting costs of government dental services in other countries.

(c) Government proposals for health services are being tempered somewhat through the recognition of the high cost and a reluctance to increase taxation.

SECRETARY

(d) Need exists for a widened viewpoint toward personnel other than dentists, particularly is this true in the field of research where the specialist in the basic sciences has much to contribute for advancement.

(e) Recognition of the profession as a true agency of health depends upon the expressed aim in practice—more emphasis on the positive side of health, amplification of the service motive and an increased realization of the position of dentistry in the field of health services as a whole.

2. Delineation of Duties

As the Association expands in operation, it becomes more necessary to define the duties of administration. For the proper functioning of the Association it would appear that the Executive should assume full responsibility for the business transactions and that the Board of Governors should exercise the responsibility for the establishment of policy. The by-laws state that all actions of the Executive are subject to confirmation by the Board of Governors. It is considered that careful reading of the by-laws indicates that the intention is for the Board of Governors to adopt policy and the Executive to transact the business details of the Association. This point is raised for confirmation and future guidance.

3. Suggested Changes in By-laws

The following minor changes in the by-laws are suggested:

1. That the office entitled Vice-President be changed to President-Elect.
Reason—The office of President has become an onerous one which necessitates the incoming officer making arrangements during the preceding year in order to assume his duties. It is hardly fair that any doubt should exist respecting his election to the office of President.
2. That "Program Committee" be changed to read "Convention Committee". Reason—The present term is confusing and ignored anyway.
3. That study be given to the stated method of election of officers so that confusion may be eliminated.
4. That the Secretary-Treasurer be eliminated as a member of the Executive.
5. That the Chairman of the Finance Committee be made a member of the Executive.
6. That study be given to the Standing Committees and that if considered advisable, the membership and duties of each be set forth in the By-laws.

Any recommended changes in the by-laws would need to be referred to the By-laws Committee for report. It is further suggested that a full review of the by-laws be made.

4. Vice-President Member of Nominating Committee

The work of the Association depends largely upon the accomplishments of the various committees and Council. For this reason, no individual is more interested in the work of the Nominating Committee than the incoming President. In view of the fact that the Vice-President has been a candidate for office he has not been made a member of the Nominating Committee. This situation can be eliminated if the above suggested change in the by-laws is favourably considered.

5. Membership

Two matters have arisen during the year respecting membership.

(a) Honorary Membership of Corporate Members

Several Corporate Members have arrangements for honorary membership. The methods by which these members become honorary members differ somewhat in the different provinces. Some provinces pay to the Canadian Dental Association for their honorary members, others do not and in one case the fee is paid in part. The Executive has agreed to send the Journal to all honorary members on the lists of Corporate Members. Difficulty arises in respect to membership in the Canadian Dental Association and the adoption of a uniform policy is requested by one Corporate Member. At the present time such honorary members are on the membership list where the province pays the fee and not on the list where the province does not pay the fee for such members. As stated above, these members are all on the mailing list of the Journal.

(b) Members on Full Time Salary

Request has been made that the position of members on full-time salary be presented at this annual meeting. It is thought by some such members that some different arrangement should be made respecting fee. It is pointed out that members on full-time salary fall into several categories on the federal, provincial, and municipal levels, also that they vary considerably as to position and duties. The number in this group has increased during recent years. A few years ago, one aspect of this subject was discussed in respect to federally employed dentists who move from province to province, and a tacit agreement was reached that, provided a federally employed dentist was registered and in good standing in some one province, he would be countenanced in another province. While this understanding was not agreed to by all provinces no difficulty has arisen. These members state that they desire to pay the full fee of the Canadian Dental Association.

The by-laws provide that names for membership are submitted annually by the governing body of each Corporate Member with the annual grant.

6. Federal Assistance for University Education

During recent months, considerable discussion has occurred in respect to

SECRETARY

federal assistance for university education. If adopted, this move would open one means of assistance for dental education. From available information, any initiatory action in this direction will await the publication of the recommendations to be contained in the Report of the Massey Commission.

7. Medical and Dental Services Advisory Board

Under the Department of National Defence, a body known as the Medical and Dental Services Advisory Board has been formed. The purpose of the Board is preparedness in the event of emergency. This will necessitate the keeping of up-to-date records respecting all available dental personnel and resources at all times. The records of the Canadian Dental Association have been made available for this purpose. It is pointed out that the age factor would reduce the number of dentists available, if emergency occurred during the immediate years ahead, as compared to the initiation of hostilities in 1939. The Association has taken the position of cooperating fully with all the health services in the work of this Board. Dentistry is represented on the Board by one representative from each of the following bodies—The Royal Canadian Dental Corps, The Defence Dental Association, and The Canadian Dental Association.

8. Directory of Members

A list of members will be published and distributed shortly. The last directory was published in 1947. Increased costs of publication have caused the delay in publishing a new edition. The issuance of the directory is one of the most popular activities of the Association and is greatly in demand.

9. Records

Since the last meeting the Association has established a card index record system giving pertinent information respecting each member. The task of securing the necessary information has proven to be an arduous one and is not completed as yet.

Once again, on behalf of the headquarters staff, may I thank you all for your splendid cooperation in the work during the past year.

This report contains no definite recommendations—only suggestions.

ACTION AND COMMENT

(Numbering refers to Nos. in Report)

1. (A) It would appear from the statistics presented that the number of dentists graduating from the Canadian dental schools is not likely to provide an adequate supply of replacements to keep pace with the demand for dental service in Canada after 1952. We concur in the suggestion that this Association should be prepared to give direction how best to meet this situation.

- (B) It is agreed that an economic survey of dental practice would be of great value to the Association.
- (C) We agree that the profession must demonstrate that it is becoming a real health agency in all that this implies before it can be completely recognized as such by Governmental authorities and the general public.

2. It is agreed that the outline of duties for the Board of Governors and for the Executive as outlined in the report is the proper one.

- 3. (1) Agreed.
- (2) Agreed.
- (3) Agreed.
- (4) Agreed as he is in attendance and available at all times in an advisory capacity.
- (5) Agreed.
- (6) The "Terms of Reference for Committees" is already in print but if a further supply is requested it is considered appropriate that they be incorporated in the by-laws.

These suggestions should be referred to the By-laws Committee.

4. Agreed.

5. (a) It is considered that the present arrangement is the only feasible one for the C.D.A. to pursue in the matter of Honorary Membership as conferred by Corporate Members.

(b) The increasing number of salaried dentists makes this question more important. It is of course, a matter purely for the governing bodies of Corporate members but this body might offer some suggestions. In view of the fact that salaried dentists receive no exemptions on their Annual Membership dues for Income Tax purposes they feel somewhat discriminated against as most Governmental authorities require its employees to be in good professional standing.

It is understood that dentists employed by Provincial and Municipal authorities are required to pay their annual dues to their Corporate Member Bodies. It was also pointed out that other salaried dentists such as dental college teachers are required to pay annual fees to their Corporate Member Bodies.

We therefore feel that all salaried dentists should keep themselves in good standing with their Corporate Member Bodies, and by so doing, be privileged to enjoy the fellowship of the organized profession on a national scale.

6. This may be considered as related to the subject matter of Para. 1 (A) .

7. It is agreed that this Association cooperate fully with the Medical and Dental Services Advisory Board.

SECRETARY

8. The publication of a new Directory of Members will be received with satisfaction by the membership at large.
9. Concur.

CONCLUSION

We wish to congratulate the Secretary on this comprehensive yet concise report with so much matter packed into small space.

APPROVED

MOTION

Resolved that certain matters in the Secretary's Report with reference to full time salaried dentists employed by the Federal Government be referred to the Executive for consideration and action.

ADOPTED

MEMBERS OF EXECUTIVE: G. V. FISK, Chairman, Toronto, Ont.; H. J. MERKELEY, Winnipeg, Man.; R. P. LOWERY, Toronto, Ont.; G. Ratte, Quebec, P.Q.; H. M. CLINE, Vancouver, B.C.; DON W. GULLETT, Toronto, Ont.

REPORT

1. During the year, two meetings of your Executive Committee were held, the first one jointly with last year's Executive Committee, immediately following the Board of Governors meeting at Saskatoon on June 7th 1949; the second one in Toronto, February 13-15th, 1950. On each occasion all members were present.

2. Following is a brief report of the matters which received attention and the action taken or the recommendation made in each instance:

3. Publicity

Vice-President Lowery was appointed an ex-officio member of the Public Relations Committee which has agreed to prepare publicity for release during the meeting of the Board of Governors.

The President and Vice-President visited local societies informing them that the meeting of the Board of Governors is open to the membership.

4. C.D.A. 50th Anniversary

The Public Relations Committee was appointed to take care of publicity for this celebration.

The Secretary was requested to prepare historical subject matter and an outline for the use of speakers in connection with this important anniversary.

5. Newfoundland

Recommendation was made for favourable consideration of the application of the Newfoundland Dental Association for Corporate Membership in the C.D.A., and an invitation was extended to the Newfoundland Dental Association to send a representative, at the expense of the C.D.A., to the May meeting of the Board of Governors.

6. Joint Executive Session

It was recommended that in future the old and newly elected Executive should meet jointly on the day immediately following the Annual Meeting of the Board of Governors and that the expenses of the Executive members be paid for said day.

7. Canadian Dental Research Foundation

Recommendations were made for the surrender of the Charter of the

EXECUTIVE

Canadian Dental Research Foundation and its activities merged with the C.D.A. Research Committee.

8. Election of Elective Officers

Approval was given to the election procedure as amended.

9. Rotation of Committee Chairmen

No action was taken respecting the advisability of adopting a fixed policy as the need for rotation of committee chairmen varies with different committees.

10. Editors' Reports

Recommendation was made that the Chairman of the Committee on Publications include the Editors' Reports as appendices to his report.

11. Annuities—Income Tax

The Secretary reported that he had pursued without success, the subject of payments made by members on annuities as deductible items for income tax purposes.

12. Washington State Meeting

Doctor H. M. Cline was appointed the official C.D.A. representative to this meeting June 20-23, 1949.

The President and Secretary were unable to carry out the suggestion to visit the new Seattle School during their Western Tour.

13. Canadian Dental Nurses and Assistants Association

A communication from the President of the Canadian Dental Nurses and Assistants Association was referred to the C.D.A. Committee on Auxiliary Services with a recommendation that a report be obtained from the President upon her efforts up to the present and her vision for the future for the above organization.

14. Health League of Canada

The appointment of two representatives to the Health League of Canada was referred to the Dental Public Health Committee with the request that the Committee include in its annual report, reference to the activities of the Health League of Canada.

15. 1953 Meeting

Your Executive accepted an invitation from the College of Dental Surgeons of the Province of Québec to hold the 1953 meeting in the Province of Québec.

16. Honorary Members of Corporate Members

Decision was made to send the Journal of the C.D.A. to Honorary Members of Corporate Members.

17. British Dental Association

- 1.) The Secretary was congratulated upon his election to honorary membership in the British Dental Association.
- 2.) An invitation to send a representative to the B.D.A. meeting at Birmingham, July 10-14, 1950 was filed.

18. Societe des Trois Rivieres

An invitation for the President and Secretary to attend a meeting of the Three Rivers Society was declined with regret.

19. Increases in Annual Grants

Information was reported of the decision by four Corporate Members to increase their C.D.A. grants for 1950. In addition, two others intend to increase their 1951 grants.

20. Report of Finance Committee

The comprehensive report of the Finance Committee, for the stabilization of the financial structure of the Association was discussed, received and recommended for adoption by the Board of Governors.

21. Auditors Statement

The Auditors financial statement was received and recommended for adoption by the Board of Governors.

22. Committee on Dental Public Health

The principle of survey charts and cards as presented for C.D.A. purposes was approved and the details left to the Chairman of the Committee on Dental Public Health.

23. Committee on Public Relations

Authorization was given for the redaction and printing in French, of the booklet "Dentistry as a Career". The Chairman reported that his Committee had prepared dental articles for C.B.C. for use on their programs.

24. Appointments to Committees

Dr. A. J. Coughlan was appointed to the Nominating Committee to fill the vacancy caused by the death of Dr. V. D. Crowe.

25. Committee on Publications

It was considered most advisable that the Committee consider the space problem in order that the best use may be made of available journal space.

26. Distribution of Committee Minutes

The distribution of Committee Minutes by the Secretary to members of the Board of Governors and Editors was approved.

EXECUTIVE

27. Letter to Graduating Class

Approval was given of a letter to the members of the graduating classes informing them of the details respecting C.D.A. membership.

28. The tentative arrangements for the Board of Governors sessions were endorsed.

29. A name was sanctioned for proposal to the Board of Governors for Honorary Membership in the C.D.A.

30. Dr. J. K. Carver was appointed installing officer at the Association meeting, tentative arrangements for which received approval.

31. The recommendation of the Alberta Dental Association that a clinician accompany the President on tour was not endorsed.

32. Travel insurance was authorized for the President and Secretary in the amount of \$10,000. each when they are travelling in the interests of the Association.

33. Dr. W. H. Pritchard was appointed Chairman of the Program Committee for the 1951 Meeting in Ottawa. Approval was given of the dates, September 19 to 26, for this Meeting.

34. Approval was also given for the dates of the 1952 Meeting at Vancouver June 12-18 inclusive.

35. The budget for 1950 was recommended for adoption by the Board of Governors.

36. A tentative budget for the calendar year 1951, was also recommended for adoption by the Board of Governors.

37. Authorization was given the Secretary for the purchase of bonds for the approximate amount of \$1500 for the Capital Account.

38. Confirmation was given of the mail vote appointment of the Secretary, Dr. Don W. Gullett to the Medical and Dental Defence Board and endorsement was made of the principle of full cooperation with other representatives on the Medical and Dental Services Advisory Board.

39. No change was recommended in the present plan of holding joint conventions.

40. Authorization was given for the printing and distribution of the Transactions of the Annual Meeting.

41. Action upon the matter of housing accommodation for Headquarters staff was deferred until the Annual Meeting for direction by the Board of Governors.

42. The proposal of the Toronto Orthodontic Study Club for the establish-

ment of a memorial lecture in memory of the late Dr. George W. Grieve was referred to the Canadian Association of Orthodontists.

43. No action was taken upon the suggestion that an orthodontic section be formed in the Canadian Dental Association.

44. **New Zealand Dental Health Scheme**

Endorsation is requested of the unanimous mail vote of the Executive Committee to contribute up to \$500. to the expenses of Dean R. G. Ellis, who is making a trip to Australia and has offered to make a two-week survey of the New Zealand Dental Health Scheme.

COMMENT AND ACTION

Para. 1. We wish to commend the Executive Committee on the efficient and very capable manner in which it has carried out its duties during the year.

Para. 3. **Publicity**

(a) We concur in the appointment of Dr. Lowery to the Public Relations Committee for the purpose indicated.

(b) We endorse the policy of advising local societies that the Board of Governors meeting is open to the membership.

4. (a) Agreed.

(b) We endorse this action.

5. We approve the action of the Executive Committee.

6. Agreed

7. No comment, as this matter will be considered by the committee reporting on the report of the Canadian Dental Research Foundation.

9. We agree.

10. We agree.

11. We appreciate the efforts of the Secretary in this respect, and regret that he has not been able to obtain the concessions.

12. (a) No comment.

(b) We regret that they were not able to attend the school.

13. We concur in the action of the Executive in referring this matter to the Committee on Auxiliary Services.

14. **Health League of Canada**

We approve of the action taken in referring this matter to the Dental Public Health Committee. The Chairman of this Committee informs us that Drs. Mitton and White were the appointees.

EXECUTIVE

15. We concur in the action taken to hold the 1953 meeting in Quebec. We have fond memories of the hospitality extended to us at the 1948 meeting held in this province.
16. We agree.
17. **British Dental Association**
 - (a) We extend our heartiest congratulations to the Secretary on being so highly honoured.
 - (b) No comment.
18. No comment.
19. We commend these Corporate Members for the action taken.
20. We reserve comment until the Finance Committee report is discussed.
21. We concur in this recommendation.
22. **Committee on Dental Public Health**

We endorse the action of the Executive respecting this matter and recommend the type of card submitted by the Chairman of the Committee on Dental Public Health be approved.
23. We agree.
24. We agree.
25. We indorse this recommendation.
26. We commend the Secretary for this effort and consider this information to be of great value to the parties concerned.
27. We endorse this action.
28. We agree.
29. We agree.
30. We agree.
31. We agree.
32. We endorse this proposal.
33. We agree.
34. We agree.
35. We reserve comment until the Budget is presented.
36. Comment is withheld, pending discussion of Finance Committee Report.
37. We endorse the authorization for the purchase of bonds to the amount of \$1,500. for the Capital Account.
38. We concur in this principle of cooperation between the Medical

EXECUTIVE

and Dental Service Advisory Board and commend the appointment of Dr. Gullett to this body.

39. We agree.
40. We endorse this action.
41. No comment, as this matter is under consideration by the Finance Committee.
42. No comment as these matters have been referred to the Committee & studying the report submitted by the Orthodontists who held a
43. meeting recently in Chicago.
44. We endorse this suggestion and strongly recommend that Dr. Ellis make this survey.
45. We recommend the adoption of the original report with the above comments.

APPROVED

MEMBERS OF FINANCE COMMITTEE: J. K. CARVER, Chairman, Montreal, P.Q.; A. J. COUGHLAN, Saint John, N.B.; S. J. PHILLIPS, Oshawa, Ont.; W. M. BLAIR, Regina, Sask.; G. RATTE, Quebec, P.Q.

REPORT

At the last meeting of the Board of Governors held in Saskatoon, your Finance Committee was instructed to study the Financial structure of the Association and make recommendations thereon. The objective was to assist in:

- (1) Determining the Financial needs of the Association for the foreseeable future.
- (2) Stabilizing the annual grants of Corporate Members at such a level as may reasonably be expected to meet the requirements of the Association.

No meetings of the Finance Committee have been held, but, options have been exchanged in writing and the following comments and recommendations are offered for your approval:

A. Housing of C.D.A. Headquarters

1. It is our considered opinion that this is one of the most pressing problems facing the Association.
2. The purchase of property should not be proceeded with unless adequate Financial backing is forthcoming from sources outside of the annual per capita grants of Corporate Members.
3. The rental of space large enough to meet the Association's requirements of the foreseeable future would require an increase in per capita grants. This observation is substantiated by the fact that suitable accommodation has not yet been found that is within the estimated cost (\$200.00 per month) set forth in the budget for the present year.
4. Increased staff and secretarial assistance are of prime necessity as soon as housing accommodation can be provided.
5. The Financial responsibility for the payment in full of the Secretary's salary should be assumed by the Association as soon as possible. In addition such secretarial assistance as he requires should be provided to relieve him of minor details in administration and thus increase his scope of usefulness to the Association.

B. Capital Account (Sinking Fund)

1. The capital account of the Association is utterly inadequate to

withstand more than a very minor demand upon it to meet any emergency.

2. The present annual appropriation of approximately \$1500.00 for capital account, while a step in the right direction, should be at least doubled if the welfare of the Association is to be properly safeguarded within a reasonable length of time.

C. The Journal of the C.D.A.

1. The structure of our National Association is materially enhanced by the publication of the Journal.
2. The Journal makes an invaluable contribution towards National Unity through its bilingual nature.
3. Every reasonable effort should be made to give increased financial support to the publication of the Journal, to meet the heavy burdens imposed by increased printing and publishing costs.
4. Sufficient funds should be available to the Journal to permit expansion or improvement, where such is deemed advisable, in the dissemination of scientific data in the two languages.

D. Research

1. The availability of funds for Research through the National Research Council is more than adequate for the number of trained personnel qualified to receive such assistance.
2. To encourage the training of qualified personnel the Association should continue to provide funds to the limit of its ability. For the past several years, other interested Dental organizations have assisted the Association through special grants to it for Research purposes. This source now appears to be at an end and therefore the Association must bear a larger portion of the cost of providing financial assistance to young men who show an aptitude for Dental Research in Canada.

E. Council on Dental Education

1. The work of the Council on Dental Education continues to be of the utmost importance to Canadian Dentistry, and, for this reason, the Association must be prepared to meet the cost of its continuance.
2. The Board of Governors has directed that the Council take the necessary steps to set up a National Examining Board under the aegis of the Association. If this is to be successfully achieved, steps must be taken to survey the dental schools to ensure that the standards of dental education and pre-dental requirements, etc., are equivalent in all Schools. This will entail some added financial support from the Association, to cover at least the travelling expenses of the survey team.

FINANCE

The Approval of Dental Schools may not seem to be an important item in the minds of some, but it is pointed out that the Deans would welcome it as a means of assistance in securing the desired changes at their respective Schools, such as added teaching facilities; increased staff; adequate budgets etc., some of which have so far been denied to them for the lack of outside pressure such as can be given by the Association.

F. Executive Committee

It is considered that provision should be made in the annual budget for two meetings each year of the Executive Committee, at Association Headquarters.

G. Health Insurance Committee

In order that the work of this important Committee may be correlated at all times, it is felt that the Health Insurance Committee should meet at least once each year, and, that provision be made in each budget for possible emergency meetings.

H. Dental Public Health Committee

1. It is considered that the work of this important Committee could be greatly enhanced by periodic visitations of the Secretary with Provincial Committees.
2. It is recognized that under the existing conditions the Secretary cannot spare the time to properly assist in this activity, but, this could be satisfactorily settled if the Staff were augmented.

I. Officers' Visitations

1. It is considered that the Visitations of the President and Secretary should be continued.
2. It has been suggested that the Corporate Members should assume the financial obligation for these Visitations, but, it is felt that this would not be a popular move and, that such action might even defeat its purpose through individual provinces periodically deferring the invitation for reasons of economy.

J. Board of Governors' Meeting

1. Much thought has been given to possible ways and means of curtailing the cost of these meetings. To this end it is recommended that the underlisted chairmen and personnel should be considered as indispensable, in addition to the Executive and Governors:

Chairman of the Council on Dental Education,
" " " Dental Public Health Committee,
" " " Convention Committee,

Chairman of the Public Relations Committee,
 “ “ “ Finance Committee,
 “ “ “ Health Insurance Committee,
 “ “ “ Nominating Committee,
 “ “ “ Publications Committee,

The Editor-in-Chief of the Journal,
 The Editor of the French Section of the Journal,
 The Business Manager of the Journal.

2. The Executive should retain the right to supplement the above list by the addition of such other chairmen as may be deemed by them to be essential to the proper conduct of the Board of Governors' meeting.
3. It is suggested that interest in the Board of Governors meeting should be stimulated in advance, at the locale of the meeting and interested members of the profession in the area should be encouraged to lend a helping hand by attending and taking part in the deliberations and committee meetings. It is felt that this could well be done by the President during his annual visitations.
4. Other suggestions directed towards economy have been
 - (a) That the Corporate Members pay the expenses of their respective Governors.
 - (b) That meetings be held only in Ontario and Quebec.
 - (c) That Executive members be chosen only from Ontario, Quebec and possibly the Maritimes.
 - (d) That meetings be held biennially.

It is considered that actions such as these would not meet with approval nor would they enhance the goodwill and understanding of the profession across Canada. In addition, such actions would be contrary to the Constitution of the Association.

K. Finances

1. In the interests of uniformity and to reassure the Corporate Members regarding their financial commitments to the Association, it is recommended that the annual per capita grant be stabilized at \$15.00 for all Corporate Members.
2. To enable the Association to accept donations from any source towards a possible housing plan, it is recommended:
 - (a) That a Housing Fund be established by the Association.
 - (b) That the Housing Fund be opened by depositing in that account \$1000.00 out of the Association's surplus.
 - (c) That all Corporate Members be notified of the establishment of

FINANCE

a Housing Fund by the Association and that they be invited to voluntarily contribute to it.

- (d) That advice be sent to Corporate Members now contributing Annual Grants that exceed the uniform figure of \$15.00, that commencing January 1st, 1951, it will be the policy of the Association to deposit any such excess to the credit of the Housing Fund as a contribution of the Corporate Member concerned.

L. Budget

1. A sample budget showing anticipated revenue and expenditures based on a \$15.00 per capita grant is submitted herewith.
2. Note that provision is made for the payment in full of the salary of the Secretary-Treasurer. It is felt that this should be done as soon as agreement to the increased grant has been reached. However, the way should be left open to the Royal College of Dental Surgeons of Ontario to employ the part time services of the Secretary, in which case, such reimbursement should be to the Association.
3. Under clerical assistance provision is made for the employment of a staff assistant at \$3000.00 per annum and one stenographer and one general duty male at estimated salaries of \$1500.00 each.
4. Capital account (Sinking Fund) is recommended at the figure of 5% per annum.
5. Under the Council on Dental Education, it is recommended that allowance be made for one meeting plus the provision of travelling expenses for a team of three to survey and accredit dental schools. In addition, it is felt that outside financial assistance may be obtained for this purpose.
6. Under Insurance renewal the figure is estimated on the basis of increased housing accommodation and consequently fixtures and furniture.
7. Officers' Expenses make provision for visitation to Newfoundland.
8. The Board of Governors' meeting cost is likewise raised above the average cost for the past ten years (approximately \$4,500) to provide for increased transportation and living expenses as well as an additional Governor.
9. Other figures appear to be self evident.
10. In general it may be stated that an endeavour has been made to estimate the total expected cost of operation of the Association in an efficient manner with proper accommodation.
It is pointed out that in the estimate of expenditures rarely, if ever, do all of the committees use up their full allotment. Nevertheless, by budgetting in this manner ample scope is left for the transference

from one to another, which may become an urgent necessity. For example, Health Insurance could suddenly become the most urgent requirement of the Association. In such an event the surpluses provided for other committees would be readily at hand to be used as desired.

11. It should be noted that under the suggested budget after making allowance for Sinking Fund of approximately \$3,000.00 annually, barring unforeseen circumstances, the Association would still finish a given year with a surplus.
12. Should these suggestions meet with approval it is pointed out that in future years, with revenue known in advance, there should be no obstacle to the setting up of budgets for the year to follow the Board of Governors' meeting, rather than as at present, budgetting for a year that is at least half over.
13. The Finance Committee recommends that this report be adopted.

DRAFT BUDGET

Receipts

Provincial Grants:

	No. of Dentists as of Jan. 3/49	Per Capita	Estimated Grants	
Newfoundland	13	\$15.00	\$	195.00
Prince Edward Island	29	15.00		435.00
Nova Scotia	178	15.00		2,670.00
New Brunswick	112	15.00		1,680.00
Quebec	1063	15.00		15,945.00
Ontario	1984	15.00		29,760.00
Manitoba	245	15.00		3,675.00
Saskatchewan	195	15.00		2,925.00
Alberta	269	15.00		4,035.00
British Columbia	474	15.00		7,110.00
(Approximately)	4562	@ \$15.00		\$68,430.00
Interest on Bonds				575.00
Associate Members				75.00
ESTIMATED TOTAL RECEIPTS				\$69,080.00

Expenditures

Headquarters

Office rental	\$ 4,500.00
Secretary-Treasurer	8,000.00
Clerical Assistance	10,020.00
Annuity Payment	1,177.62
Unemployment Insurance	225.00
Sundry Expenses	500.00

FINANCE

Capital Account (Sinking Fund)		
5% of Per Capita Grants	3,421.50	
Committee Grants	15,000.00	
Publications	2,500.00	
Research		
Committee Expenses	1,000.00	
Executive	2,000.00	
Education	500.00	
Dental Public Health	100.00	
Convention (advance)	200.00	
Dental Services	25.00	
Legislation	100.00	
Nomenclature	25.00	
International Relations	25.00	
Industrial Dentistry	25.00	
Hospital Dental Services	25.00	
Public Relations (Pamphlets, etc.)	400.00	
Scholarship (War Memorial)	75.00	
Finance	25.00	
Ethics	25.00	
By-laws	25.00	
Advisory	25.00	
Health Insurance	500.00	
Auxiliary Services	25.00	
Specialists and Specialization	25.00	
New Committees	100.00	
Nominating	25.00	
Other Expenses		
Federation Dentaire Internationale	500.00	
Translations	300.00	
Insurance renewal (increased accommodation & fixtures)	100.00	
Officers' Expenses (President & Secretary travel)	3,000.00	
Board of Governors' Meeting (Average Annual cost)	5,500.00	
Pamphlets and Reports (Summary of Proceedings)	1,500.00	
Membership Fees	100.00	
Stationery & Office Supplies	2,000.00	
Telephone & Telegraph	200.00	
Postage	2,000.00	
Depreciation on Office Furniture (Estimated new furniture in enlarged accommodation)	500.00	
ESTIMATED TOTAL EXPENDITURES		\$66,294.12
Estimated Annual Receipts		\$69,080.00
Estimated Annual Expenditures		66,294.12
Estimated Annual Surplus		\$ 2,785.88

Comments upon the Auditor's Financial Statement for the year ended
31st December 1949.

- 1. Although the Budget for the year 1949 had anticipated a deficit of \$3,635.62, it will be noted that a surplus of \$4,693.69 was achieved. While this is very gratifying at first glance, it should be borne in mind that the surplus was made possible only because the Association has not as yet found it possible to secure the enlarged Headquarters accommodation nor the increased staff, that were contemplated in the budget, both of which are so badly needed for the proper conduct of our affairs.
- 2. An innovation appears in the presentation of the Auditor's Report this year through the addition of a Cash Statement. This reveals:
 - (a) Cash surplus of \$3,478.13.
 - (b) The purchase of \$1,500.00 in 3% Provincial guaranteed Bonds for Capital account (Reserve Fund) at a cost of \$1,477.25.
 - (c) Office fixtures purchased to the amount of \$82.00.
- 3. War Memorial Fund reveals a Surplus for the year of \$28.92.
- 4. Dental Research shows a Surplus for the year of \$147.54. There were no grants to this fund from sources outside the Association during 1949.
- 5. A resolution should be passed appointing auditors for the year.

True copy of Auditor's Statement

THORNE, MULHOLLAND, HOWSON AND McPHERSON

Chartered Accountants
Federal Building
Toronto, Canada

Dr. G. Vernon Fisk,
President, Canadian Dental Association,
Toronto, Ontario.

Dear Sir:—

We have audited the accounts of the CANADIAN DENTAL ASSOCIATION for the year ended December 31, 1949, and submit herewith the following statements:

Certified Balance Sheet	Page 2
Statements of Revenue and Expenditure:	
General	“ 3
War Memorial Fund	“ 4
Dental Research Fund	“ 4
Statement of Receipts and Disbursements:	
General	“ 5

FINANCE

War Memorial Fund	"	6
Dental Research Fund	"	6

Respectfully submitted,

(Signed) THORNE, MULHOLLAND, HOWSON AND McPHERSON,
Chartered Accountants

Canadian Dental Association

BALANCE SHEET

December 31, 1949

Assets

General Account:

Cash on hand and in bank	\$	9,393.55	
Dominion, Provincial and Provincial guaranteed 3% bonds at cost (market value \$21,983.76) ..		21,596.62	
Interest accrued on bonds		169.38	
Office furniture and fixtures	\$	3,580.71	
Less Reserve for depreciation		1,097.68	2,483.03
			\$33,642.58

War Memorial Fund:

Cash in bank	\$	418.15	
Dominion of Canada 3% bonds, at cost (market value \$7,696.88)		7,875.00	
Interest accrued on bonds		56.25	8,349.40

Dental Research Fund:

Cash in bank			7,141.59
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Dental Research Committee:

Cash in bank			550.65
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\$49,684.22

Liabilities

Surpluses:

General Account:

Balance, December 31, 1948	\$28,948.89	
Surplus for year 1949	4,693.69	\$33,642.58

War Memorial Fund:

Balance, December 31, 1948	8,320.48	
Surplus for year 1949	28.92	8,349.40

Dental Research Fund:

Balance, December 31, 1948	6,994.05	
Surplus for year 1949	147.54	7,141.59

Dental Research Committee:

Balance, December 31, 1948 and 1949	550.65	550.65
		\$49,684.22

AUDITOR'S REPORT

We have audited the accounts of the Canadian Dental Association for the year ended December 31, 1949, and report that, in our opinion, the above balance sheet fairly presents the financial position of the Association as at December 31, 1949, excluding the accounts of the Committee on Publications, according to the best of our information and the explanations given us, and as shown by the books.

THORNE, MULHOLLAND, HOWSON AND McPHERSON (Signed)
Chartered Accountants

Canadian Dental Association
STATEMENT OF REVENUE AND EXPENDITURE

GENERAL

Year ended December 31, 1949

Revenue

Grants from Provincial Boards:

British Columbia	\$ 4,740.00	
Alberta	2,720.00	
Saskatchewan	2,040.00	
Manitoba	6,050.00	
Ontario	20,000.00	
Quebec	8,320.00	
New Brunswick	1,110.00	
Nova Scotia	1,930.00	
Prince Edward Island	290.00	\$47,200.00

Interest on bonds	620.65	
National Convention revenue	113.89	
Surplus from 1949 National Convention	162.80	
Sundry revenue	131.50	\$48,228.84

Expenditure

Grants:

Committee on Publications	\$11,500.00	
Dental Research Fund	2,000.00	
Federation Dentaire Internationale	500.00	\$14,000.00
Secretary's honorarium		3,999.96
Clerical assistance		4,914.74

FINANCE

Officer's pension plan	1,177.62	
Unemployment insurance	88.76	
Committee expenses (not including Committee on Publications)	2,928.14	
Officers' expenses	3,200.49	
Board of Governors meeting expenses	6,700.97	
Pamphlets and reports	2,463.94	
Stationery and office expense	2,176.57	
Telephone and telegraph	129.61	
Postage	1,396.28	
Depreciation, office furniture and fixtures	358.07	\$43,535.15
<i>Surplus for year</i>		\$ 4,693.69

Canadian Dental Association
WAR MEMORIAL FUND
STATEMENT OF REVENUE AND EXPENDITURE
Year ended December 31, 1949

Revenue

Bond interest	\$ 225.00	
Bank interest	3.92	\$ 228.92

Expenditure

Scholarship awards		200.00
<i>Surplus for year</i>		\$,28.92

DENTAL RESEARCH FUND
Statement of Revenue and Expenditure
Year ended December 31, 1949

Revenue

Grant, Canadian Dental Association, from General Account	\$ 2,000.00	
Interest	31.01	\$ 2,031.01

Expenditure

Studentships	\$ 1,819.00	
Exchange	64.47	\$ 1,883.47
<i>Surplus for year</i>		\$ 147.54

Canadian Dental Association
STATEMENT OF RECEIPTS AND DISBURSEMENTS
GENERAL

Year ended December 31, 1949

Receipts

Cash on hand and in bank, December 31, 1948		\$ 5,915.42
Grants from Provincial Boards:		
British Columbia	\$ 4,740.00	
Alberta	2,720.00	
Saskatchewan	2,040.00	
Manitoba	6,050.00	
Ontario	20,000.00	
Quebec	8,320.00	
New Brunswick	1,110.00	
Nova Scotia	1,930.00	
Prince Edward Island	290.00	47,200.00
Interest on bonds		606.27
National Convention receipts		113.89
Surplus from 1949 National Convention		162.80
Sundry receipts		131.50
		\$54,129.88

Disbursements

Grants:		
Committee on Publications	\$11,500.00	
Dental Research Fund	2,000.00	
Federation Dentaire Internationale	500.00	\$14,000.00
Secretary's honorauium		3,999.96
Clerical assistance		4,914.74
Officer's pension plan		1,117.62
Unemployment insurance		88.76
Committee expenses (not including Committee on Publications)		2,928.14
Officers' expenses		3,200.49
Board of Governors meeting expense		6,700.97
Pamphlets and reports		2,463.94
Stationery and office expense		2,176.57
Filing cabinet		82.00
Telephone and telegraph		129.61
Postage		1,396.28
Bond purchases:		
Province of British Columbia, 3% bond \$500.00, due June 15, 1964, cost	\$ 491.25	

FINANCE

The Hydro Electric Power Commission of Ontario 3% bond \$1,000.00 due January 15, 1968, cost	986.00	1,477.25
		\$44,736.33
Cash on hand and in bank, December 31, 1949		9,393.55
		\$54,129.88

Canadian Dental Association
WAR MEMORIAL FUND
STATEMENT OF RECEIPTS AND DISBURSEMENTS
Year ended December 31, 1949

Receipts

Cash in bank, December 31, 1948	\$ 389.23
Bond interest	225.00
Bank interest	3.92
	\$ 618.15

Disbursements

Scholarship awards	200.00
Cash in bank, December 31, 1949	418.15
	\$ 618.15

DENTAL RESEARCH FUND
Statement of Receipts and Disbursements
Year ended December 31, 1949

Receipts

Cash in bank, December 31, 1948	\$ 6,994.05
Grant, Canadian Dental Association, from General Account	2,000.00
	\$ 9,025.06

Disbursements

Studentships	\$ 1,819.00
Exchange	64.47
Cash in bank, December 31, 1949	7,141.59
	\$ 9,025.06

COMMENT AND ACTION

After a careful study of this Report we wish to commend the Chairman and members of the Finance Committee for presenting such a comprehensive yet concise resume of the financial structure of this Association.

Each item was studied and dealt with as follows:

- A. 1. Agreed.
- 2. Agreed.
- 3. Agreed.
- 4. Agreed.
- 5. Agreed.
- B. 1. Agreed.
- 2. Agreed.
- C. 1. Agreed.
- 2. Agreed.
- 3. Agreed.
- 4. Agreed.
- D. 1. Agreed.
- 2. Agreed.
- E. 1. Agreed.
- 2. Agreed.
- F. Agreed.
- G. Agreed.
- H. 1. Agreed.
- 2. Agreed.
- I. 1. Agreed.
- 2. Agreed.
- J. 1. Agreed.
- 2. Agreed.
- 3. Agreed.
- 4. Agreed.
- K. 1. Agreed.
- 2. (a) Agreed.
- (b) Agreed.
- (c) Agreed.
- (d) Agreed.
- L. 1. No comment.

FINANCE

2. Agreed.
3. Agreed.
4. Agreed.
5. Agreed.
6. Agreed.
7. Agreed.
8. Agreed.
9. Agreed.
10. Agreed.
11. Agreed.
12. Agreed.

The sample budget appended was of great assistance to the board in visualizing operation under a stabilized income.

We recommend:

1. That the Report as amended be adopted.
2. The adoption of the auditor's statement.
2. That Thorne, Mulholland, Howson & McPherson be appointed auditors for the ensuing year.

APPROVED

Motion

That the resolution of the Board of the Alberta Dental Association as amended (Board of Governors' Letter No. 25, Mar. 14, 1950, paragraph 1) be implemented.

The resolution referred to reads as follows:

The Board of The Alberta Dental Association recommends to the Board of Governors of the Canadian Dental Association that the Executive Committee be authorized to purchase a suitable headquarters when such a building may become available and that the Executive Committee also be authorized to make such arrangements for financing the purchase as may be considered most advantageous.

AGREED

BUDGET

The Chairman of the Finance Committee presented the following budget:

BUDGET 1950-51

REVENUE	Budget 1949	Actual 1949	Estimate 1950	Estimate 1951
Corporate Grants:				
Newfoundland				\$ 195.00
Prince Edward Island	\$ 232.00	\$ 290.00	\$ 290.00	290.00
Nova Scotia	1,780.00	1,930.00	3,360.00	3,560.00
New Brunswick	1,110.00	1,110.00	1,500.00	1,680.00
Quebec	8,320.00	8,320.00	10,790.00	15,945.00
Ontario	20,000.00	20,000.00	20,000.00	29,760.00
Manitoba	6,000.00	6,050.00	6,000.00	6,000.00
Saskatchewan	1,910.00	2,040.00	2,000.00	2,090.00
Alberta	2,700.00	2,720.00	6,950.00	7,075.00
British Columbia	4,740.00	4,740.00	4,940.00	4,940.00
Interest on Bonds	575.00	606.27	600.00	650.00
Associate Fees	75.00	105.00	100.00	100.00
Sale of Pamphlets		9.50		
Donations		17.00		
Convention—1949 share		162.80		
Sundry Receipts		113.89		
Rebate—R.C.D.S.				4,000.00
Totals	\$47,442.00	\$48,214.46	\$56,510.00	\$76,285.00
Cash on hand Jan. 1st, 1949 ..		5,915.00		
		\$54,129.88		
EXPENDITURES	Budget 1949	Actual 1949	Estimate 1950	Estimate 1951
Headquarters:				
Accommodation	\$ 1,200.00		\$ 3,500.00	\$ 4,500.00
Secretary-Treasurer	4,000.00	3,999.96	4,000.00	8,000.00
Clerical Assistance	5,650.00	4,496.74	8,650.00	10,020.00
Annuity Payment	1,177.62	1,177.62	1,177.62	1,177.62
Unemployment Insurance ..	120.00	88.76	100.00	175.00
Sundry Expenses	250.00		250.00	500.00
Capital Account	1,500.00	1,477.25	1,500.00	3,000.00
Committees:				
Publications—Grant	11,500.00	11,500.00	12,500.00	13,500.00
Research—Grant	2,000.00	2,000.00	2,000.00	2,000.00
Executive	1,500.00	974.50	1,500.00	2,000.00
Education	2,000.00	1,425.20	4,760.00	3,500.00

BUDGET

Dental Public Health	500.00	149.55	500.00	500.00
Convention	100.00		100.00	100.00
Dental Services	200.00	32.70	200.00	200.00
Legislation	25.00	25.00	25.00	25.00
Nomenclature	100.00		100.00	100.00
International Relations	25.00			
Industrial Dentistry	300.00	369.36	25.00	25.00
Hospital Dental Services ..	150.00		25.00	25.00
Public Relations	400.00	370.91	500.00	800.00
War Memorial	75.00	59.60	75.00	75.00
Finance	25.00	10.00	25.00	25.00
Ethics	25.00	25.00	25.00	25.00
By-laws	25.00		25.00	25.00
Advisory	25.00	150.00		
Health Insurance	500.00	154.80	500.00	500.00
Auxiliary Services	25.00		25.00	25.00
Specialists and Specializa- tion	25.00		25.00	25.00
Nominating	25.00	25.00	25.00	25.00
New Committees	100.00		100.00	100.00
International Dent. Federation	500.00	500.00	500.00	500.00
Translations	250.00	418.00	550.00	750.00
Insurance Renewal	30.00	30.35	75.00	100.00
Officers' Expenses	2,800.00	3,106.33	3,200.00	3,500.00
Board of Governors' Meeting	8,000.00	6,700.97	4,500.00	5,500.00
Pamphlets and Reports	1,750.00	1,818.50	2,000.00	2,500.00
Membership Fees	100.00	94.16	100.00	100.00
Stationery and Office Supplies	1,800.00	1,678.87	2,000.00	2,000.00
Telephone and Telegraph	150.00	129.61	150.00	250.00
Postage	1,800.00	1,396.28	1,800.00	2,000.00
Office Equipment		82.00		
Depreciation—Office Furniture		358.07	460.00	500.00
Totals	\$51,077.62	\$44,736.33	\$57,572.62	\$68,672.62
Deficit	3,635.62		1,026.62	
Surplus		9,393.55		7,612.38
		\$54,129.88		

Action on Budget

After detailed discussion the Board passed the following motions:

Motion: That the Budget for 1950 be accepted as presented.

Motion: That we agree to the adoption of the Estimated Budget for 1951 as presented.

MEMBERS OF THE COUNCIL ON DENTAL EDUCATION: W. SCOTT HAMILTON, Chairman, Edmonton, Alta.; J. STANLEY BAGNALL, Halifax, N.S.; E. CHARRON, Montreal, P.Q.; H. W. REID, Toronto, Ont.; A. L. WALSH, Montreal, P.Q.; R. L. PALLAN, Vancouver, B.C.; D.D.C. Representative: R. O. WINN, Kitchener, Ont.

REPORT

I have the honour to report for the Council on Dental Education. We have certain recommendations which, if acceptable, will require immediate action, and which furthermore will have a great effect, we hope for good, on the future of Dentistry in this our country.

During the past year we held one meeting in Toronto on January 16th and 17th which was somewhat handicapped by Dean Bagnall's inability to attend, due to snow storms and restricted use of coal by the railways. While the Chairman did arrive just in time for the opening of the meeting, his transportation was also rather uncertain because of poor flying weather. It is a let-down to sit on the ground in a heavy fog and listen to your plane pass over-head.

The work of this Council and the various Faculties is handicapped for lack of financial support, and while it would not be advisable to give any details at this time, you should know that some effort is being exerted in this direction, and some results are in prospect. We would be pleased to hear of any further sources from which we might draw. Prizes, scholarships and fellowships are urgently needed if we are going to expand our teaching as it should be.

Pre-Professional Courses of Instruction

Dr. Cowling presented a most excellent report on this subject. It was so highly prized by the Council that we decided that it should be published in pamphlet form. It will prove helpful not only to the Council, but as well to Universities, provincial boards, and in fact anyone concerned with either pre-professional or professional education as well as licensure. Dentistry has already produced many worthwhile works of this nature, and this is by no means the least important, particularly to Canada. I only request that if you want accurate information on this matter it is now readily available and a careful digest of this material is recommended to everyone. (Copy available on request)

Training of Hospital Internes

This matter was referred to the Council for study, by the Committee on Hospital Dental Services. A Committee under the chairmanship of Dr. John Chamard was selected, and their report presented to our meeting. This report is attached as Appendix "A".

Anyone who studies this report will soon learn that there are problems

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which appear to be almost unsurmountable. We have every sympathy for the committee which is attempting to lay down a plan for the training of internes and residents. Since the report cannot be considered complete, it will automatically come before the next meeting of the Council, although we would be very pleased if the Hospital Dental Services Committee would take over the task. There will have to be a very definite change of attitudes within the whole profession before Hospital Dental Services will be successful.

Curricula of Dental Schools

Each Faculty was asked to prepare, on a uniform plan, the hours devoted to each subject on the curriculum. Since it has never been our intention to have exactly the same arrangement in all schools, it is impossible to make a minute comparison. Some of the schools are in the process of making drastic changes in their curricula, and the Deans are being asked to provide, for the next meeting of the Council, their revised curricula along with the content of each subject. It is now fairly well agreed by the Deans that our courses in the past have been too heavy in time consumption, and that 3,800 to 4,000 hours for the four years is sufficient. They are finding it rather difficult however, to convince all the members of the various faculties.

The Deans are fairly well agreed that our greatest task is in teaching young people how to live. As Dr. Cowling has expressed himself, "Dentistry is not a trade to be learned, or a skill to be acquired: it is a profession to be entered".

Dr. J. H. Johnston was asked to present a paper on the present status of General Anaesthesia in Dentistry. This was discussed at length by a sub-committee, and there was considerable difference of opinion expressed. When it came back to the Council the chairman was directed to appoint a panel to present at our next meeting a discussion on the subject.

National Examining Board

Our recommendation is contained in Appendix "B", and forms a part of this report. This is almost as it was reported at your last meeting, and we have taken note of your recommendations at that time.

We do not approve of clinical examinations as a part of a National Examination, and in a hope of presenting a plan which will be acceptable, we have divided the examinations into:

- (a) Examinations shall be written in either English or French in the following subjects: (List of subjects follows)
- (b) Oral in clinical Dentistry.

Any Provincial Licensing Body may conduct clinical examinations if they so decide, but it is the hope of the Council that the Provincial Boards may eventually recognize the National Examination as sufficient. The intention is that the examinations will be so conducted that no one will question the qualifications of the successful candidates.

Dentistry is the only vocation at university level which requires practical

examinations for licensure, and such examinations are a remnant of the days of the private commercial schools where there was little except technics. Dr. Freeland, President of the Dominion Dental Council, said at our meeting that practical examinations conducted under that Council had for years caused disagreement both as to their scope and value. Dr. Hillenbrand, Secretary of the American Dental Association, has said that our proposed plan for a National Examination is the most advanced arrangement of its kind in existence, and that Canada is leading the way in the right direction. What we want to determine is a candidate's knowledge. As O'Rourke and Miner have said, "Students should be studying disease, not techniques, and professors". Poor restorations are not the result of deficiency in technical skill, but rather a lack of knowledge of biological reactions.

However, regardless of our feeling, we have set up the requirements so that they should be acceptable to those who still feel that clinical examinations are a necessity. This is covered in regulation 6—"Clinical examinations, if desired, may be conducted by the Provincial Licensing Bodies".

If each Province will cooperate and give just a little here and there, a National Examining Board will very soon become a reality, and when it does it will do much to raise the standard of both Dental Education and Practice. We can learn considerable by reading the history of the Medical Council of Canada.

It would appear that the time has come for this Board of Governors to ask the various Provincial Bodies, after reviewing our report, to send representatives to a meeting for organizational purposes, or, if this is not the correct procedure, to do whatever is necessary to obtain immediate action.

Accreditation of Dental Schools

This is probably the greatest task before us and the greatest responsibility for a Council on Dental Education. Dr. Cowling's report deals with the preparation of a student to enter upon the study of Dentistry, while the Accreditation of the Dental Schools tends to raise the standard of training and obtain more support for the schools, and more respect for our profession. A properly conducted National Examining Board on the other hand leads to greater harmony and uniformity.

The requirements for the approval of a dental school have been adopted by this Board, prepared in printed form, and distributed to all parties concerned. At our last meeting it was decided to set up an accreditation committee consisting of one educationalist and two dentists from the Council. Dr. A. L. Walsh and Dr. Harvey W. Reid were appointed from the Council and we are negotiating with an educationalist. While it was decided that this should be an all Canadian committee, it is our intention to use whatever personel and experience we can from the United States. It is therefore, only fitting that we should record our appreciation for the willingness of our American friends to assist us all they can. The committee was therefore authorized to pay a visit to Chicago to consult Dr. Peterson and others.

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Our secretary, Dr. Gullett, has already done a tremendous amount of preparatory work in attempting to obtain forms for accreditation.

The tentative outline for the inspection of schools is attached as Appendix "C". An interesting portion of this report in so far as this Board is concerned is the estimated budget of \$3,500.00.

For the purpose of emphasis let us once again remind you that this matter of accreditation cannot be done once and then dropped; it must be continuous.

The committee was instructed to be prepared to examine and accredit schools as soon as possible and not later than the next meeting of the Council. That means action.

Fully Approved American Schools

Our Secretary keeps this list up to date and has it approved at each of our meetings. It is still the opinion of the Council that we are on much safer grounds in recognizing only the fully approved schools.

The latest list is attached as Appendix "D" of this report.

Approved American Schools for Hygienists

A request was made for a list of approved schools but our Secretary, Dr. Gullett, has discovered that all schools have not yet been examined. The list to date is attached as Appendix "E". However, since we are lacking in information about American Schools the best we can do at present is to recommend that only those schools which meet the requirements which we have set up be recognized. We no doubt will have more reliable information for you within a year or so.

The Establishment of Schools for Hygienists in Canada

We have little more to report on this subject than we had a year ago. In every university in Canada all the difficulties are financial. While we are unable to give any details, we are sure that we are making progress and do not be surprised if within the next year you hear of a school being started. I do not know where it will be, but have hopes for success somewhere. If this does occur, I think we should be thankful, for as I reported a year ago, it is only a very few years since we made any effort to even legalize the hygienist. All universities have building programs in other faculties which were initiated a number of years ago which are not yet completed.

We have taken into consideration the concern of the Health Insurance Committee regarding the place of the hygienist in Public Health and her training in that field.

List of Overseas Schools

A committee under the chairmanship of Dean R. G. Ellis presented a list of overseas schools, (referred to as Foreign Schools) under different categories. This was done as an aid to deans, and university and dental registrars in assessing applicants. It has already saved hours of time of these

various officials. For obvious reasons the list is of a more or less confidential nature, but is available to all who really need it.

The problem of displaced persons will be with us for some time to come and the complications are not made any lighter by the attitude of the press and politicians in certain parts of our country. It is difficult to understand why these people expect us to accept a lower standard from foreigners than we do from our own sons who went overseas and fought our battles. The displaced persons are supposed to be genuine democratic people, and many of them fought much longer than we did. For this reason, we are extremely anxious to do all we can to make them into happy Canadians, but we cannot do the impossible. However, in spite of the crowded conditions, all our schools are making an effort to accept as many as possible.

Experience has shown that their pre-professional training is very hard to assess and in many cases we have accepted it on the basis of our knowledge that in many European countries, cultural training is very high in university circles. It would be unfair and undesirable for us to require the exact same subjects that we show in our own calendars.

We have also discovered that many people who are known as dentists in Europe have very little more training than technicians. It has also been discovered that even the best trained require a minimum of about two years training in order to meet our standards. On top of all this, we are faced with the problem of fitting them into the time-table in various courses. With all these considerations, it cannot be said that we are not making a special effort on behalf of displaced persons.

Course of Training for Specialists

The Secretary frequently receives requests for information as to the courses of training recommended in the various specialties. To date we have nothing prepared, but the Council has instructed the Secretary and Chairman to appoint a committee of three to bring a report to the next meeting of the Council. This is a big study in itself and so you must be patient. We have had about all we could handle in considering undergraduate studies.

Qualifying Certificate

At your meeting a year ago you adopted our recommendation "that all students be required to obtain a qualifying certificate from the registering board of some province or state prior to entering upon the study of dentistry".

This could be applied in different ways, and at our meeting it was decided that after a student was otherwise acceptable to a university he be advised that before his application can be considered further, it will be necessary for him to provide a certificate from the dental registrar in his province to the effect that he has met the pre-professional requirements for the practise of dentistry in that province. This is here explained so that the various provincial representatives may advise their registrars.

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Also in this connection, Dean R. G. Ellis was requested to prepare a report on the pre-professional training at present being given in the various courses in all the provinces, to be distributed to the members of the Council prior to our next meeting.

I wish to express my appreciation for the support of the members of the Council who have tolerated me as Chairman for a period of three years. They are all extremely interested in the work we have to do. We are very pleased to welcome Dr. Winn as the newly elected representative of the Dominion Dental Council.

As is always the case, our Secretary, Dr. D. W. Gullett, has had a tremendous amount of responsibility, and his careful attention to detail has kept us working in the right direction. His cheerful and obliging office staff never fail to have all records promptly and accurately distributed. And we must not forget those other secretaries in private offices scattered across Canada who also keep us well and accurately supplied with information.

Our President, Dr. G. V. Fisk, was on the job throughout the year and efficiently handled the chairmanship when the chairman was late for meetings. It was also fortunate that the Vice-President was able to attend our meeting. Should he go up to president of the C.D.A. this year, this experience will be of great benefit to him.

We were also delighted that a few outside members of the Association took time to drop in on our meeting.

Mr. President, the above remarks are submitted for the consideration of your Board. Please be frank and critical in its consideration.

Appendix "A"

COUNCIL ON DENTAL EDUCATION

Canadian Dental Association

REQUIREMENTS FOR THE APPROVAL OF HOSPITAL DENTAL INTERNSHIPS & RESIDENCES

Hospital Dental Internships

1. Definition

A hospital dental internship is a form of post-graduate professional education, which offers special opportunity for further clinical experience and advanced training in dental science and practice. The dental intern is appointed to the house staff of a general or special hospital, and works and studies under the supervision of the hospital staff. The internship is a full time service, usually for a period of one year.

2. Purpose

From the standpoint of dental education, the purpose of the hospital dental internship is to broaden the graduate's clinical experience, by affording him opportunities for the following:

- (a) Viewing dental conditions treated in hospitals and following throughout their course, dental conditions treated in hospitals.
- (b) Learning hospital routine.
- (c) Enlarging his knowledge of oral and systemic relations in health and disease.

3. Training

The type of training program possible will necessarily depend on the nature of the hospital concerned. Ideal circumstances would prevail in the case of a General Hospital associated with a Dental School. With a special hospital, the type of training would naturally be restricted along the lines of the hospital specialty, for example, Pedodontics in a Children's Hospital. In a convalescent hospital, mental hospital or any institution where patients are kept for a period of three months, comprehensive dental treatment would be undertaken, and the dental intern's training would be along these lines. The existence or not of an outdoor dental department would affect the type of training possible, as would the extent of facilities in other hospital departments and the degree of co-operation of members of other departments.

In any case, the Council will expect the training program to be arranged so that the dental intern, by the end of his year of service, will have increased his knowledge and experience in most of the following fields:

1. In the recognition of the oral manifestations of systemic diseases.
2. In the recognition of abnormalities and diseased conditions of the oral cavity and associated parts, requiring surgical or medical treatment, and in making a complete diagnosis of those diseases and disorders usually treated by the dentist in his private practice.
3. In operating room procedure, treating patients under general anaesthesia, and evaluating the indications and contra-indications for dental treatment under general anaesthesia.
4. In the development and application of surgical judgment.
5. In the co-relation of surgical and other types of dental treatment.
6. In the understanding of the value of, and indications for hospitalization for oral surgery.
7. In the prevention of shock during or following dental operations, and in the treatment of the patient when shock occurs.
8. In the treatment of the following conditions:—
 - (a) hemorrhage associated with the extraction of teeth and with wounds occurring in the mouth.
 - (b) abnormalities of the oral cavity such as irregular or excessive alveolar processes, exostosis and tori.

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- (c) acute inflammatory conditions arising about the teeth and contiguous tissues.
- (d) chronic periapical infections and their sequelae.
- (e) wounds and injuries to the soft tissues of the oral cavity.
- (f) root fragments and foreign bodies about the alveolar process.
- (g) injuries to the teeth and alveolar process.
- (h) fractures of the maxilla and mandible.
- (i) dislocation, subluxation and other minor disturbances of the tempero-mandibular articulation.
- (j) benign tumors and cysts of the jaws not requiring major oral surgery.
- (k) salivary duct calculi.
- (l) impacted and abnormal teeth.
- (m) abscesses of dental origin.

- 9. In the use of chemotherapy antibiotics and radiation.
- 10. In the administration of regional anaesthesia for minor oral surgery.
- 11. In premedication and pre-operative measures and technics.
- 12. In the conduct of post-operative treatment in oral surgery.

4. General Scope of Activities

The dental intern will be expected to assist in the care of patients under the guidance and supervision of the hospital staff. Close supervision and guidance will be necessary at first, however, as his knowledge and experience increase, so should his responsibility in the treatment of patients, and, in the last part of his term, he should have complete responsibility except where he wants to elicit the guidance of a staff member. His experience will include examination and dental care of patients; the taking of case histories, preparation of diagnostic charts, and the writing of orders and prescriptions; acting as assistant in the operating room, and when experience warrants, there performing minor oral surgery operations; attendance upon and participation in staff meetings; service in the hospital laboratories, X-Ray departments and attendance upon autopsies of dental interest. His experience should also include use of hospital library, writing up unusual or interesting cases for publication, and where facilities permit, he should be encouraged in research, and be used in a teaching capacity.

5. Records

The Council suggests that a record be kept of each of the intern's work. Such information may be supplied to the chief dental service by the intern himself on special forms where space is provided for data such as the period of time covered, the service, the number of patients admitted on service, the number of histories and oral examinations, the number

and types of operations performed by him, and the number and types in which he has assisted, the number of autopsies attended, the hours spent in the laboratories, the number of lectures, clinics and conferences attended and the extent of his research and teaching experience.

6. Status

The Council will expect dental interns to enjoy the same privileges, accommodations and perquisites provided by the hospital for interns in other services. The Council will also expect that hospital will issue the dental intern, a certificate of accomplishment upon the completion of the internship.

7. Hospitals Eligible for Approval

To be eligible for the training of dental interns, hospitals and sanitoriums coming under the purview of the Council on Medical Education and Hospitals of the Canadian Medical Association, must be registered and approved by that agency; and hospitals and sanitoriums not coming under the purview of that agency must be approved by the Committee on Hospital Dental Services of the Canadian Dental Association. In either case, the hospital departments of dentistry must be approved by the Committee on Hospital Dental Services of the Canadian Dental Association.

8. Application for Approval

Hospitals that desire to be approved for dental intern training should apply to the Council on Dental Education of the Canadian Dental Association, 211 Huron St., Toronto, Ontario.

COMMENTARY TO THE COUNCIL ON DENTAL EDUCATION

There is not a hospital in Canada where the foregoing requirements can be met, yet the requirements are minimal both from the standpoint of training dental interns and from that of providing proper dental treatment to hospital patients. This deplorable state of affairs should be recognized by the profession and by hospital authorities, and steps should be taken to establish proper dental departments in our hospitals. Although it is not our immediate commission, we recommend that this can only be done by having an adequate dental staff, alert to their responsibilities. It should therefore be required that men accepting dental staff appointments give up the equivalent of one day per week to the hospital and attend all dental staff meetings. Since it is impossible to take this much time from a modern dental practice gratuitously, it follows the dental staff will have to be paid by the hospital for their services. As this is not customary with the staffs of other departments, it should be brought out for the edification of hospital authorities that circumstances are not the same. The chief difference is the high cost of conducting the dental practice as compared to the medical. Secondly the

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dentist cannot base his practice on the hospital as can the physician, and more particularly the surgeon. Indeed, the exodontist, who is the only dental specialist who can make any use of hospital facilities, must still maintain a completely equipped and staffed establishment elsewhere, to conduct his practice. Further points of contrast are those of the dental practitioner being more restricted in his use of auxiliary personnel and less favored by income tax legislation covering transportation.

This committee has deviated sharply from policy of the A.D.A. Council on Dental Education on the training of dental interns in the administration of general anaesthesia. Our feeling is:

Since anaesthetists have become recognized specialists within the medical profession, and constitute separate departments in most hospitals, the dental profession should concede the serious nature of their work, and in the best interest of the patient, relegate the administration of general anaesthesia to those with special knowledge and training in this field. If, however, the dental intern desires such training, and since he is legally empowered to administer general anaesthetics, he should be allowed, at the end of his intern year, to apply for training under the Department of Anaesthesia.

Hospital Dental Residencies

1. Definition

A dental residency is a progressive and graduated educational experience, under hospital auspices, designed for the dental graduate who has completed a dental internship in an approved hospital, which should give opportunity for proficiency in a specialized field of practice or research and the educational background for continued development in a special field. A sufficiently prolonged and continuous period of full time training is presupposed.

The Council will approve straight residencies and mixed residencies. Straight residencies are services of one or more years in a specialized field, *following approved internships*. Mixed residencies are general hospital assignments following approved internships. A mixed residency covers more than one, but not all of the clinical specialties.

2. Purpose

While residencies in general may be planned to train dentists for specialties, the Council recognizes that residencies may supply the need in small communities for well trained men who will practise oral surgery, prosthodontics, orthodontics, and pedodontics in connection with general practice.

3. Staff

The Council will expect the hospital to have an organized staff of dentists. The particular specialties in which residents are being trained should be represented on the staff.

In general hospitals, the dental staff should have a definite departmental organization in the branches of dentistry in which straight residencies are offered. The director of each service should be competent in his field. He should assume direct responsibility for the training of the residents.

There should be at least monthly dental staff meetings at which histories and clinical observations in selected cases are reviewed. It is expected that departmental conferences will be conducted which residents may take an active part to the end that the character of the service given by that department to its patients be recurrently evaluated.

4. Training Program

Residencies are designed to assist in meeting the requirements for special practice. In all instances the term of service should be at least twelve months.

Aside from the daily contact with patients and staff, the continued assumption of responsibility is the most valuable aspect of residency. Consequently, as ability is demonstrated, an increasing amount of reliance should be placed in the judgment of residents, both in diagnosis and in treatment.

Residents should be given an opportunity to contribute to the effectiveness of the hospital service by some investigative work. This may take the form of research in the hospital laboratories or wards, summaries of dental literature, or the preparation of statistical analysis from hospital records. Dental residents should engage in teaching activities, particularly in relation to the training of interns, and nurses.

The effectiveness of a residency program depends largely upon the quality of dental supervision and teaching. It is important, therefore, that methods of instruction be employed, which are best suited to the special field. Emphasis should be placed on chairside and bedside instructions, teaching rounds, departmental meetings, or seminars, clinical pathologic conferences, demonstrations and lectures. Outside reading and writing for publication should be encouraged. Where a hospital is attached to a Dental School, the resident should be encouraged to take special lectures and courses and should be used in a teaching capacity.

5. Records

It is important that all institutions approved for residencies keep records of the experiences and training of residents.

6. Status

The Council will expect dental residents to enjoy the same privileges, accommodations and perquisites provided by the hospital for residents in other services. The Council will also expect that hospitals will issue

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to the dental resident a certificate of accomplishment upon the completion of a residency.

7. Hospitals Eligible for Approval

To be eligible for the training of dental residents, hospitals and sanatoriums coming under the purview of the Council on Medical Education and Hospitals of the Canadian Medical Association must be registered and approved by that agency; and hospitals and sanatoriums not coming under the purview of that agency must be approved by the Committee on Hospital Dental Services of the Canadian Dental Association. In either case, the hospital departments of dentistry must be approved by the Committee on Hospital Services of the Canadian Dental Association.

8. Application for Approval

Institutions desiring to be approved for residencies should apply to the Council on Dental Education of the Canadian Dental Association, 211 Huron Street, Toronto, Ontario.

COMMENTARY TO THE COUNCIL ON DENTAL EDUCATION

We would like to admit our inexperience in the matter of dental residencies, and inability to visualize in detail what forms they should take. The foregoing has been lifted without much change from a similar report by the A.D.A. If there be a group in Canada with experience in residencies, a more inspired presentation could be expected from them. In the meantime we will be giving the matter intermittent thought and attention and may come up with something better at a future date.

DR. CLAYTON BOURNE,

DR. HOWARD OLIVER

DR. P. J. GITNICK

DR. J. VAN VLIET

DR. IVAN GUILBORD

DR. JOHN CHAMARD, Chairman, Sub-committee.

Canadian Dental Association RECOMMENDATION RE ESTABLISHMENT OF NATIONAL DENTAL EXAMINING BOARD

Appendix "B"

(As amended to date)

(This title is used for purposes of this report *only* and is *not* intended to indicate in any way the name of a definitely proposed organization.)

Preliminary Statement

The objective of these recommendations is to set forth certain conditions, principles or regulations which may prove to be mutually acceptable to the

ten Corporate Members of the Canadian Dental Association for purposes of registration and licensure.

Principles

1. That the qualifying conditions shall be recognized as the highest in Canada.
2. That the rules and regulations governing the examinations shall be acceptable to the licensing bodies concerned.
3. That the examinations will be conducted in a manner fair and equitable to all concerned.

Qualifying Requirements

A candidate must possess the following qualifications in order to be eligible for examination.

1. To be a Canadian Citizen.
2. To have possessed full matriculation requirements before beginning the study of dentistry.
3. To have taken two complete academic years of recognized pre-professional education in a recognized university. (Equivalent to two years liberal Arts & Science)
4. To have successfully completed four academic years, (taken in four calendar years) of professional education in a dental school approved by the Council on Dental Education of the Canadian Dental Association.
5. To possess a degree in dentistry from a school of dentistry approved by the Council on Dental Education of the Canadian Dental Association.

Regulations for Examinations

1. The examinations shall be:
 - (a) written in French or English in the following subjects:
 Operative Dentistry including Pedodontia
 Prosthetic Dentistry
 Oral Surgery and Local and General Anaesthesia
 Periodontia including Oral Medicine
 Practice Management, Ethics and Jurisprudence, Public Health
 Orthodontics.
 - (b) Oral in Clinical Dentistry.
2. The percentage necessary to obtain a pass shall be 60 per cent on each paper.
3. All candidates will be designated in such a manner as to be not identified by the examiner.
4. Candidates failing to obtain the required percentage on one subject may be re-examined in that subject once only at a regular examination.
5. Candidates failing in more than one subject must re-write entire examination in order to qualify.

EDUCATION

6. Clinical examinations, if desired, may be conducted by the Provincial Licensing Bodies.

Certification

One and only one type of certificate to be issued.

Administration

1. A Board to be set up:
 - (a) to establish a qualification in dentistry for Canada.
 - (b) to establish a register for Canada.
 - (c) to determine qualification (provided provincial preliminary educational standards are maintained).
 - (d) to establish a board of examiners.
 - (e) with the consent of provincial dental licensing bodies.
2. Representation on the Board of the ten provincial boards, and three members appointed by the Council on Dental Education. A quorum shall consist of seven provinces being represented.
3. The Board to have the right to make by-laws and regulations for conduct of business, examinations, etc.
4. General provisions:
 - (a) All candidates must hold an Enabling Certificate from a Provincial Dental Legal Body in order to qualify for examination.
 - (b) The standard of examination must never be lower than the highest in any province.
 - (c) Erasure of name from register provided name already has been erased from any provincial register.
 - (d) No amendment without approval of two-thirds of Provincial Boards.
 - (e) Provision for any province to withdraw upon proper notice.

Appendix "C"

Council on Dental Education

TENTATIVE REPORT RESPECTING SURVEY OF DENTAL SCHOOLS

In the terms of reference for the Council on Dental Education will be found one of the duties of the Council to be "To accredit dental schools".

As directed at the last meeting of the Council systems used by other accrediting agencies have been investigated. In general terms the sequence has been as follows:

1. The issuance of requirements for the approval of a school.
2. Requests received from schools desiring inspection.

3. Forms are forwarded to the Dean of the school requesting preliminary data which can be assessed previous to inspection.
4. The visitation of the school by the accrediting team (usually three men). For this purpose forms are developed which cover all details relating to the schools, arranged in such a fashion as to be comparable also so that one school may be compared with another.
5. Preparation of a report upon the inspected school in detail laying emphasis upon the deficiencies. This report is transmitted *confidentially* to the Dean of the school concerned and the President of the respective university.
6. A Waiting period may be allowed (2 years) in order to give the school the opportunity to correct deficiencies during which time the report remains *confidential*.
7. After sufficient time has elapsed the report or grading is published. Schools may be divided into two or more classes and classified as "approved and provisionally approved" or some similar nomenclature as suitable.
8. Continued inspection at regular intervals.

The above outline is suggested for your consideration and its applicability to Canadian Schools.

Consultant

Consideration has been given at former meetings of the Council to the advisability of engaging the services of a qualified expert in the field of general education to assist in the work. Two alternatives are possible: Either to engage the services of an individual who has already had experience in this special dental field of activity; or to engage an educationalist without such experience. If the latter alternative is decided upon it will be necessary for this man to have ample time to study the whole subject of dental education previous to active duty. Some inquiry has been made respecting the availability of such an individual and it would appear to be not an easy task to acquire the services of a properly qualified man.

The Council made request to the Board of Governors at the last annual meeting for financial support in order to engage a consultant and permission was granted. Up to the present the position has not been clear enough in order to make definite approach to any individual and the financial outlay necessary is unknown. Some definite direction in this matter should be given at this meeting. It would appear obvious that before this decision can be reached some understanding respecting timing and agreement among the representatives of the schools concerned should be reached.

Budget

At this stage an estimated budget is most difficult to prepare and the following is submitted as a suggestion and for your amendment.

EDUCATION

SUGGESTED BUDGET FOR SURVEY

Educational Advisor

Retainer fee	\$ 500.00	
20 days at \$25.00	500.00	\$ 1,000.00

Travelling Expenses—3 men

Alberta—3 X \$300.00	\$ 900.00	
Dalhousie—3 X \$125.00	375.00	
McGill		
Montreal		
—3 X \$100.00	300.00	
Toronto	100.00	1,675.00

Preparatory Work

Subject matter, Printing, etc.	500.00
Extra Travelling expenses	325.00

TOTAL	\$ 3,500.00

Time involved in Survey:

Alberta	6 days travel 2 days inspection—	8 days
Dalhousie	4 days travel 2 days inspection—	6 days
McGill		
Montreal		
	4 days inspection—	4 days
Toronto	2 days inspection—	2 days

TOTAL		20 days

(Signed)

DON W. GULLETT

Appendix “D”

DENTAL SCHOOLS IN UNITED STATES
Approved by Council on Dental Education of the
Canadian Dental Association
(Revised January 1950)

California
School of Dentistry,
College of Physicians and Surgeons,
344 Fourteenth Street,
San Francisco 3, California.

College of Dentistry,
University of California,
The Medical Center,
San Francisco 22, California.

District of Columbia

College of Dentistry,
Howard University,
5th and W Streets, N.W.,
Washington 1, D.C.

School of Dentistry,
Georgetown University,
Washington, D.C.

Illinois

Chicago College of Dental Surgery,
Loyola University,
1757 West Harrison Street,
Chicago 12, Illinois.

Dental School,
Northwestern University,
311 East Chicago Avenue,
Chicago 11, Illinois.

College of Dentistry,
University of Illinois,
808 South Wood Street,
Chicago 12, Illinois.

Indiana

School of Dentistry,
Indiana University,
1121 West Michigan Street,
Indianapolis 2, Indiana.

Iowa

College of Dentistry,
The State University of Iowa,
Iowa, City, Iowa.

Kentucky

School of Dentistry,
University of Louisville,
129 East Broadway,
Louisville 2, Kentucky.

EDUCATION

Louisiana

School of Dentistry,
Loyola University,
6363 St. Charles Avenue,
New Orleans 15, Louisiana.

Maryland

Baltimore College of Dental Surgery,
Dental School,
University of Maryland,
42 South Greene Street,
Baltimore 1, Maryland.

Massachusetts

Harvard School of Dental Medicine,
25 Shattuck Street,
Boston 15, Massachusetts.

Tufts College Dental School,
416 Huntington Avenue,
Boston 15, Massachusetts.

Michigan

School of Dentistry,
University of Detroit,
630 East Jefferson Avenue,
Detroit 26, Michigan.

School of Dentistry,
University of Michigan,
Ann Arbor, Michigan.

Minnesota

School of Dentistry,
University of Minnesota,
Washington Ave. & Union St., S.E.
Minneapolis 14, Minnesota.

Missouri

Kansas City-Western Dental College,
School of Dentistry,
The University of Kansas City,
Kansas City 6, Missouri.

School of Dentistry,
Saint Louis University,
3557 Carolina Street,
St. Louis 4, Missouri.

School of Dentistry,
Washington University,
4559 Scott Avenue,
St. Louis 10, Missouri.

Nebraska

College of Dentistry,
University of Nebraska,
Lincoln 8, Nebraska.

New York

School of Dentistry,
University of Buffalo,
25 Goodrich Street,
Buffalo, New York.

Ohio

College of Dentistry,
The Ohio State University,
Columbus 10, Ohio.

School of Dentistry,
Western Reserve University,
Cleveland 6, Ohio.

Oregon

Dental School,
University of Oregon,
Portland 14, Oregon.

Pennsylvania

School of Dentistry,
Temple University,
3223 N. Broad Street,
Philadelphia 4, Pennsylvania.

Thomas W. Evans Museum and Dental Institute School of Dentistry,
University of Pennsylvania,
4001 Spruce Street,
Philadelphia 4, Pennsylvania.

School of Dentistry,
University of Pittsburgh,
Thackeray and O'Hara Streets,
Pittsburgh 13, Pennsylvania.

EDUCATION

Tennessee

School of Dentistry,
Meharry Medical College,
Nashville 8, Tennessee.

College of Dentistry,
University of Tennessee,
Memphis 3, Tennessee.

Virginia

School of Dentistry,
Medical College of Virginia,
Richmond 19, Virginia.

Washington

School of Dentistry,
University of Washington,
Seattle 5, Washington.

Wisconsin

Dental School,
Marquette University,
604 North Sixteenth Street,
Milwaukee 3, Wisconsin.

Appendix "E"

SCHOOLS OF DENTAL HYGIENE IN THE UNITED STATES

(This is *not* an approved list)

January 1950

California

College of Dentistry,
University of California,
San Francisco.

College of Dentistry,
University of Southern California,
Los Angeles.

District of Columbia

College of Dentistry,
Howard University,
Washington.

Illinois

Dental School,
Northwestern University,
Chicago.

Michigan

School of Dentistry,
University of Michigan,
Ann Arbor.

Minnesota

School of Dentistry,
University of Minnesota,
Minneapolis 15.

Ohio

College of Dentistry,
Ohio State University,
Columbus.

Pennsylvania

School of Dentistry,
Temple University,
Philadelphia.

School of Dentistry,
University of Pennsylvania,
Philadelphia.

Tennessee

Meharry Medical College,
Nashville 8.

Wisconsin

Dental School,
Marquette University,
Milwaukee.

Massachusetts

Forsyth Dental Infirmary,
Boston.

New York

School for Dental Hygienists,
Columbia University,
630 West 168th Street,
New York 32, N.Y.

Eastman Dental Dispensary,
Rochester.

Long Island Agricultural and Technical Institute,
Farmingdale.

EDUCATION

New York State Institute of Applied Arts and Sciences,
Buffalo.

New York State Institute of Applied Arts and Sciences,
Brooklyn.

West Virginia

West Liberty State College,
West Liberty.

COMMENT AND RECOMMENDATIONS

We agree in principal with the report as a whole and wish to congratulate the Council on Dental Education and its distinguished Chairman for the outstanding report presented and for the tremendous amount of work accomplished by the Council to raise the standards of Canadian dentistry.

The first three paragraphs — agreed.

Pre-Professional Courses of Instruction

We wish to commend the Council on Dental Education for the preparation of a report on Pre-Professional Courses of Instruction and we suggest that this Board of Governors express their appreciation of the outstanding contribution that the late Dr. Cowling made to the work of this Association particularly in the field of dental education and that our deep feeling of sympathy be conveyed to his relatives if not already done.

Training of Hospital Internes

We recommend that this section of the report be referred to the Committee on Hospital Dental Services for further study as suggested in the report and we wish to express our gratitude to the members who have put a tremendous amount of work and time on the report actually on hand.

Curricula of Dental Schools

Agreed we invite the dental schools to continue the study of their curricula in order to obtain a better standard for dentistry.

National Examining Board

We agree to this part of the report and Appendix "B" and recommend the adoption of the following resolution: "That the various provincial bodies be requested to study this report on a National Examining Board and be invited to a meeting for organizational purposes, which should take place before the end of the present year".

Accreditation of Dental Schools

Agreed.

Fully Approved American Schools

No comments.

American Schools for Hygienists

No comments.

The Establishment of Schools for Hygienists in Canada

Agreed.

List of Foreign Schools

Agreed.

Course of Training for Specialists

Agreed.

Qualifying Certificate

Agreed.

RESOLUTION

That the C.D.A. take steps forthwith to provide facilities for appraising the basic training and professional status of all overseas applicants for professional examination; that the executive officers be given authority to make the necessary arrangements and proceed forthwith. As cost will be a factor this Board of Governors should make available a sum of \$3,000.00 for the Committee.

APPROVED

REPORT

COMMENT AND RECOMMENDATIONS

[60]

MEMBERS OF WAR MEMORIAL AWARD COMMITTEE: GERALD FRANKLIN, Chairman, Montreal P.Q.; W. F. WALFORD, Montreal, P.Q.; PAUL GEOFFRION, Montreal, P.Q.; A. M. HORD, Toronto, Ont.; M. H. GARVIN, Winnipeg, Man.

REPORT

The Committee is very pleased to report that interest in its essay competition is greater and that submissions have been received from all the dental schools this year. The action of the Board of Governors in reducing the number of essays from each school to two has not affected the keenness of the competition but has lessened the work of the judges. One school submitted one essay and the others, two essays each. One school discontinued the practice of making the C.D.A. thesis compulsory for all its students but submitted two thesis nevertheless. Another school made an essay on the C.D.A. subject compulsory for all its graduating students.

The standard of the essays continues to show improvement. The students are definitely trying to do their best and the effort must necessarily benefit them and future dental literature. It is realized that the competition is not stimulating original work by the students for this can hardly be expected. The essays are mainly a digest of the literature and teachings. However, even this necessitates thought and composition which is good training and experience. In this connection the following is quoted from a letter from the Dean of the Faculty of Dentistry of McGill University:

"Please convey to the Canadian Dental Association our sincere appreciation of the constructive stimulus to thinking and essay writing with which this Award has inspired the final year students.

We are also grateful for the considerable contribution of the work of your committee."

One student did carry out some experimental work in preparation for his essay. This is most encouraging.

The subject of the compensation this year, "The Control and Elimination of Pain in Dental Procedures", was of a more practical nature than previous subjects. It was commented on favourably by several Deans.

Dr. Thomas Cowling, Dr. Gerard de Montigny and Dr. Gerald A. Racey judged the essays. The Committee wishes to express its appreciation and thanks to them for their kind help and conscientious effort. The final results are as follows:

First Prize: Bruce M. Jackson, University of Toronto.

Second Prize: Conrad Brouillet, University of Montreal.

With reference to the above, the Committee makes the following recommendations:

WAR MEMORIAL AWARD

1. That the results of the competition be announced as soon as possible in the Journal of the C.D.A.
2. That the first prize essay be published in the Journal and, if agreed to by the Editor, the second prize essay also be published.
3. That those essays which were not awarded a prize be returned to the deans of the respective schools.

The subject selected for competition for the year 1950-1951 is:
"An Evaluation of the Natural Defences of the Mouth".

The subject has been approved by the Executive Committee and the Deans of the dental schools have been notified to this effect.

Some difficulties have arisen through changing the date for submission of the essays. Schools with a large number of students and those who publish in their calendars the date for the submission of their own essays are particularly affected. It would seem advisable to set a date which would not be changed for several years. Hence, the Committee makes the following recommendation:

4. That the date on or before which essays must be submitted to the Chairman of the War Memorial Award Committee be set at March 30th for each of the next three years.

The Committee has found that Condition No. 4 which states "the essay shall consist of from 2500 to 3000 words" is not sufficiently specific and adequate. Some subjects cannot be properly covered in 3000 words and a number of the submissions have exceeded the limit set. This has created difficulty in awarding the prizes. To overcome this the Committee recommends:

5. That the first sentence in Condition No. 4 be changed to read: "The essay shall consist of not more than 4,000 words and not less than 2500 words excluding bibliography.

The Committee also recommends the following:

6. That means of increasing the War Memorial Fund be considered in order that the scope of this Award may be enlarged.
7. That the same budgetary allowance as was made last year for the Committee be made for the coming year.

The Chairman wishes to express in this report his appreciation and thanks to the members of the Committee for their interest, kind cooperation and help throughout the year.

The Chairman also wishes to thank the Deans of all the dental schools for their kind cooperation in giving effect to the Committee's efforts.

COMMENT AND RECOMMENDATIONS

1. This Board wishes to compliment the War Memorial Award Committee and its Chairman for an excellent report upon its year's activities.
2. We are in agreement with the statements contained in Paragraphs 1., 2., and 3. of the Report.
3. It is recommended that a letter be sent to each of the Judges thanking them for their services to the Committee, in the name of the Association.
4. It is recommended that a letter be sent to each of the Prize-winners, complimenting them in the name of the Board of Governors for their success.
5. We recommend for adoption the recommendations of the Committee numbers 1-5 inclusive.
6. We recommend that no action be taken with respect to a further organized appeal for funds for the War Memorial Award at the present time.
7. We recommend that the Committee's recommendation No. 7 be adopted.
8. The Report of the War Memorial Award Committee is recommended for adoption as amended.

APPROVED

PUBLIC RELATIONS COMMITTEE: HARRY S. THOMSON, Chairman, Toronto, Ont.; THOMAS COWLING, Toronto, Ont.; JESSE FULLERTON, Toronto, Ont.

The Terms of Reference of the C.D.A. specify that:

The Committee on Public Relations shall be a Special Committee consisting of three members, nominated and elected annually by the Board of Governors at which time one member shall be designated as Chairman.

The Chairman shall make a report at the Annual Meeting of the Board of Governors.

1. To arrange for publicity in press and by radio.
2. To establish and maintain satisfactory relationships between the profession and government health departments.
3. To establish and maintain satisfactory relationships between the profession and other public health organizations.
4. To provide vocational guidance where considered advisable.
5. To facilitate the distribution, through provincial organizations, of dental health pamphlets, charts etc. for purposes of health education of the public.

1. The Press

Among the periodicals carrying special articles are: Women's Home Companion, Collier's Weekly, Chatelaine, Financial Post (a good spot for it), MacLean's Magazine, Daily Star, Star Weekly, Canadian Home Journal,

Health Magazine, Toronto Telegram, Bulletin of the Department of National Health. To the Canadian Periodicals we have sent, or will send, a note of appreciation. It is interesting to note that very few of these articles were inspired or prepared by members of our profession, but were contributed at the request of the publisher by paid professional writers, and were exceedingly well done.

During the past year the Canadian Dental Association has subscribed to a press clipping bureau, and within the past three months over 150 clippings have been received. These were from newspapers embracing the entire Dominion, from Halifax to British Columbia, and right here we must pay tribute to the Province of Quebec for approximately one-third of these clippings were in the French language. This clipping bureau will serve our purpose admirably, enabling us to check the rise and fall of public opinion, and permit us to determine the type of news acceptable to the press.

Broadcasting

Within the last few weeks, the Canadian Broadcasting Corporation has donated time for trans-Canada broadcasts on dentistry. This evidence of interest in dental health by the C.B.C. is greatly appreciated, and the gratitude of the Canadian Dental Association and the Committee has been expressed to the C.B.C. officials. We are indebted to Dr. Alvin Hord for the primary contact with the C.B.C.

The material for a file of information and specially prepared articles on dentistry was provided by this Committee with the cooperation of the Dental Faculty of the University of Toronto. The program was produced and presented by one of the members of the C.B.C. staff. For the dialogue of the broadcast we had the services of Drs. Ellis, Gullett, Moyers, and Charles Williams, who exhibited real professional skill. The whole broadcast was well engineered, the script highly educational, and your Committee is convinced that it will leave a lasting impression which will be of real benefit to the people of Canada. We hope that more of these broadcasts will follow in the near future.

Response by mail on Dentistry Broadcasts, March 28th and April 4th:

Province	Number of Dentists in Province	Number of Dentists who responded	Number of Nurses who responded	Number of Teachers who responded
B.C.	486	5		
Alberta	283	1		
Saskatchewan	209	0		
Manitoba	240	21		
Ontario	1995	9	1	1
Quebec	1090	1		
N.B.	105	0		
N.S.	171	0		
P.E.I.	29	0		
N'f'l'd	19	0		
Ohio		1		

PUBLIC RELATIONS

2. Relationship with Government Departments

The relationship between the Federal and Provincial Health Departments and the profession has been highly satisfactory. Your Committee has made contact through correspondence with all of these Departments, mainly in reference to the new booklet "Dentistry as a Career". A condensed review of the status of dentistry in the Federal and Provincial Departments of Health is presented in Appendix "A" of this report.

3. Relationship between the Profession and other Health Organizations

During the past year our association with Health organizations and Welfare groups has been most satisfactory. Within the last few months two dentists have been added to the Council of the Health League of Canada, and another has been added to its editorial board. Many dentists across Canada take an active part on the executive of Home and School Clubs and Welfare organizations. These are too numerous to mention here, but it is hoped that a list of them will in some way be compiled each year and published in the Journal. This would be a well deserved tribute to their work in the community.

The Red Cross has supported for three years financially in Ontario the Welland County project, and from this a gratifying amount of data and statistics is being gathered, which will provide material for further research on dental caries.

4. Vocational Guidance

The book "Dentistry as a Career", the material for which was approved at last year's meeting, has been printed and is in distribution now. Sample copies were mailed to the C.D.A. Governors Letter mailing list, and letters and sample copies were sent to the Departments of Health and Education and Vocational Guidance officials in all provinces, soliciting their orders and quoting a net cost price for quantity rates. Orders have been received from several provinces, but from others there has been no response. It would be desirable if the members of the Board of Governors would interview their Deputy Ministers of Health and Education and Vocational Guidance officials relative to purchasing these books, in order that we may get a complete coverage of the Dominion. The Department of Education of the Province of Ontario has purchased 1000 copies; some other provinces two or three hundred copies; the net cost is eight cents each.

Included in the project to provide a book on dentistry for vocational guidance, was the appointment of counsellors—dentists with whom school principals, officials, parents and students might consult concerning dentistry as a career. To have these appointments made by a Committee sitting at a central point is not practicable, as intimate knowledge of every dentist and the qualities desired in any particular counsellor, would not be available. The committee of Dental Alumnae of the University of Toronto, under whose

initiative the book was prepared, met the Board of the Royal College of Dental Surgeons, explained what was required, and the various members of the Board agreed to undertake the task of each man appointing suitable dentists in his district. Up to the present over 100 dentists have been appointed as counsellors and consultants on dentistry as a career. The Committee would like very much to see such a plan adopted in every province, so that it can complete its program to supply printed information on dentistry and have selected, qualified dentists counsel and advise prospective students fully on dentistry as a career.

Arrangements have been made to have this book, same title, prepared in the French language. It is hoped it will be ready for distribution in a few months.

5. Dental Literature

The distribution of educational literature on dentistry to the public is one of the tasks of the Public Relations Committee. This literature is sent out in response to all requests coming from school-teachers, public health workers, parents and school children. The demand is quite heavy, particularly at the opening of the school year. A supply of books and pamphlets for all ages is maintained at Headquarters, which must be replenished from time to time with new materials. The preparation of this is the task of the Public Health Committee. Just now that Committee has in hand a book specially prepared for adults on Preventive Dentistry; this we expect will be ready for printing within a few weeks.

The Dental Division of the National Department of Health and Welfare has published during the past year three new booklets on dentistry and dental health. It was the recommendation of our Committee that we make use of a supply of these booklets for distribution from C.D.A. Headquarters. This we shall do if it can be arranged. These books are excellently prepared, embracing fully the whole subject of dental health and treatment. One or two of them are beautifully set up in the most modern method of the printer's art, and are in colours. We congratulate the Director of the Dental Division on the attractive appearance and text of these books.

The Committee is of the opinion, however, that certain of our literature must still be prepared and published by the Canadian Dental Association in order that we may continue to maintain the contact with the public which we have built up over a long period of years. This contact, we believe, is a healthy thing. Through it the teachers realize that the Canadian Dental Association continues to be a source of information on all matters pertaining to dentistry and dental health.

WHAT IS "PUBLIC RELATIONS"?

In the industrial world today most large business concerns have a Public Relations Department for the purpose of building good will for themselves with the public in order to increase sales and distribution of their goods.

PUBLIC RELATIONS

The objective of the Public Relations Committee of the Canadian Dental Association, and in fact all organizations having to do with public health, is to establish channels by all means possible through which the Association can better serve the public, by explaining its organizations, how it functions, and what it stands for. By creating favourable relations and contracts with the public, the standing of the dental profession will be raised in the community, thus enabling the members of the profession to better serve the public; also the Dental Public Health Committee will be greatly assisted in its work of carrying to the public the latest knowledge on the prevention and control of dental disease. In other words, Public Relations aims to sustain a useful, sturdy life for the organization. As such it belongs to the administrative structure on a level with the administrative functions.

When our Association can enlarge its headquarters, a trained member of its staff, or one who has an aptitude for such work, should take over as permanent Chairman of Public Relations, with a committee appointed annually by the Board to serve with him. This committee could then chart its programs with a full knowledge of all administrative affairs, and thereby perform a service which could never be attained by a wholly voluntary committee.

If the present Committee were asked, it would recommend that:

Until such time as a permanent member of the Headquarters Staff can take over the duties of Chairman, the Immediate Past President be "appointed Chairman of the Public Relations Committee, and that the Board elect annually a committee of three dentists to serve with him."

Appendix "A"

STATUS OF DENTISTRY IN FEDERAL AND PROVINCIAL DEPARTMENTS OF HEALTH

Dental Division, Department of National Health & Welfare

The advancement and growth of this comparatively new Department is most gratifying to the profession, particularly to those members with a keen interest in public health. Under the direction of Dr. Harry Brown and his staff, a very desirable type of dental literature has been made available. Some of it has been done in a very modern manner and in colours, with concise, potent paragraphs. This Division has also provided a series of posters, beautifully coloured, and of size suitable for a lecture hall or classroom instruction. All the above material can be obtained for distribution to dentists and the public.

A project to determine the value of fluorides in controlling dental caries is one of several under way at the present time. Surveys of school-children have been made in several cities to determine mouth conditions, and groups of 7, 9, 11 and 13 year olds, selected to form a cross-section of the community, were chosen for periodical examination and check-up. This project embraces three communities: one where there is fluorine naturally in the water supply;

one where it is entirely absent, and another where fluorine has been added mechanically. It will require at least five years before reports can be issued, and a much longer time to reach scientific conclusions. The National Research Council is cooperating with the Dental Division in this project. We are glad to learn that the health service for Indians in Canada has been transferred from the Department of Indian Affairs to the Department of National Health & Welfare. We hope this will solve the problem of dentistry for Indians which has been a troublesome one for many years.

British Columbia

The Provincial Government for this province has established during the last year a Division of Preventive Dentistry, with a full-time Acting Director who is this year enrolled in the course of Dental Public Health at the University of Toronto. The Deputy Minister of Health of British Columbia, Dr. Amyot, is an enthusiastic supporter of dental public health, and under his guidance and with a qualified Director, the new Division will develop soundly.

Alberta

This province has not yet established a Dental Division, but the happy relations between the Government Department of Health and the Dental Profession is a very healthy sign, indicating that when all things are ready a Division will be formed. It is to be hoped that everyone has read Dr. Rooney's story published in the Journal of the Canadian Dental Association last July, described the project which is being carried on in the province of Alberta, to provide dental services to wards and pensioners of the province. This is a splendid effort and is developing more and more, a friendly and satisfactory alliance between the profession of dentistry and the government. Extensions and other desirable features are sure to follow.

Saskatchewan

The Director of the Dental Division of the province, Dr. Art Chegwin, is attending the course of Dental Public Health in the University of Toronto this year, so the program for the time being is more or less routine. Saskatchewan has however for many years, particularly during the years 1930 to 1935, given leadership in dental public health, and I am sure it will continue to do so, and more extensively.

Manitoba

Under the full-time direction of W. Gordon Campbell, D.D.P.H., an active Dental Division in the Manitoba Department of Health is making progress. The Director has inaugurated several projects during the last two years, one of which is topical application of sodium fluoride in rural and suburban areas, as a preventive of dental caries. Another is a program to provide dental services to school children in remote and sparsely settled areas in that province. Manitoba is another province where excellent sup-

PUBLIC RELATIONS

port has been given to dental health projects by the Department of Health officials.

Ontario

This province inaugurated the first Dental Division in Canada in its Health Department, over twenty-five years ago. It is now directed by a graduate in Dental Public Health, Dr. F. Kohli. The main activities are to provide dental services in Government hospitals and institutions; to help communities provide dental services for school children with financial aid given to help maintain them. The Department cooperates with the profession of dentistry in promoting dental health education programs and also in the preparation of educational literature. The Division also publishes and distributes to the public on request, dental health educational material throughout the province.

Quebec

During this year the Department of Health of this province has again established a Division of Dental Health with a dentist devoting his full time to its direction. The Department is under the direction of Dr. L. J. Bonneau, who will take the dental public health course commencing this September. Quebec has had, for a number of years, a large number of dental clinics operating within their County Health Units. There are close to fifty of these clinics in the province, splendidly equipped and maintained. Their function is educational as well as operative and through them much good work has been accomplished. Thousands of children have had unhealthy mouths restored to health through these clinics. The Deputy Minister of Health, Dr. Gregoire, is vitally interested in dental public health and is intent upon providing better teeth for the children in his province.

New Brunswick

The Dental Division in New Brunswick, organized two years ago, is making healthy progress under the direction of Bob Langstroth, D.D.P.H. Several projects are now under way, one of which is to gain the active support of every dentist in the province for a complete province-wide educational program. The difficulty is the large area with only relatively few dentists. There are several places where, for a hundred miles, there is only one dentist, and in some areas none at all. Dental health education will be the prominent feature. Dr. Melanson, Deputy Minister in this province, is another strong supporter of dental health educational programs.

Nova Scotia

During the past year a Dental Division has been formed in the Department of Health, under the direction of Dr. W. G. Dawson, and doubtless the programs of this Division will show rapid growth and effectiveness under the leadership of the Deputy Minister of Health, Dr. P. S. Campbell. For many years splendid cooperation has existed between the dental profession in this

province and the Department of Health, and the results already achieved reflect credit on the members of the profession.

Prince Edward Island

In this province all the machinery is ready to form a Dental Division, but it seems difficult to obtain a qualified dentist to take the appointment. Once again we are confronted with the ever recurring problem of adjusting the salary of a Dental Director to the standard of salaries now paid to civil servants employed by the Government. The Committee believes however that this difficulty will shortly be overcome. There is still a lack of trained specialists in the dental field.

Newfoundland

The time has been too short since this new province came into Confederation to enable this Committee to acquire a picture of dental conditions in Newfoundland, but as delegates from there are attending this meeting it is hoped that through personal contact with them, the Committee may be enlightened. We welcome the dentists of this new province to our Association, and into the purview of the Public Relations Committee.

COMMENT AND RECOMMENDATIONS

On reporting on this Report we would at once congratulate the Committee on the splendid progress made by it during the past year.

1. The Press and Broadcasting

We would join in the Committee's gratification at the awakening of public interest on the importance of controlling and preventing dental disease and at the number of splendid articles which have appeared in prominent magazines and newspapers.

2.

We would enthusiastically commend the Committee also for its successful efforts in arranging with the Canadian Broadcasting Corporation for the successful trans-Canada broadcasts.

3. Relationship between the Profession and other Health Organizations

We concur in the suggestion that the names of those men who are actively engaged in Welfare Organizations be obtained and published.

4. Vocational Guidance

We agree with the plan of having the C.D.A. Governors interview their Deputy Ministers of Health for the purpose of creating interest in the book entitled "Dentistry as a Career". We also consider it an excellent idea to appoint counsellors or consultants in every province whose duty it would be to advise prospective dental students as to making dentistry a career.

PUBLIC RELATIONS

We recommend that the C.D.A. representatives of each province be requested to arrange with their Provincial Legal Bodies to appoint counsellors or consultants and report the results to the next Board of Governors' meeting.

5. Dental Literature

We commend the Committee for its work in distributing educational literature on dentistry to the public but we consider that in future the responsibility for distribution of dental health educational material should be undertaken, as far as possible, by the provincial organizations as stated in the terms of reference for this Committee.

6. Public Relations

We approve of the principle that when facilities are available that a trained member of the Headquarters Staff be appointed to this committee.

We move the adoption of the Report of the Committee on Public Relations as amended with the recommendation that the suggestions outlined in this report be incorporated.

APPROVED



DENTAL SERVICES COMMITTEE: D. S. COONS, Chairman, Hamilton, Ont.; J. K. CARVER, Montreal, Que.; G. L. CAMERON, Ottawa, Ont.; C. W. CHERIDAN, Ottawa, Ont.; L. V. Janes, Hamilton, Ont.; D. W. GULLETT, Toronto, Ont.; Ex-officio: COL. E. M. WANSBROUGH, Ottawa, Ont.; H. K. BROWN, Ottawa, Ont.; L. A. KILBURN, Ottawa, Ont.

REPORT

Since no items of immediate concern to this Committee arose during the year, it was considered unnecessary to call a meeting of the members. The Chairman, however, contacted the Secretary of the C.D.A., Dr. Gullett, from time to time, to learn if the secretariat had knowledge of any problems for discussion within the terms of reference of this Committee. Nothing was reported from the Department of National Defence, Department of National Health and Welfare nor the Department of Veterans Affairs.

It has come to the attention of this Committee that apparently there is still a misunderstanding in some C.D.A. quarters concerning the functions and status of the Defense Dental Association. Indeed it would appear there is some thought that the D.D.A. may possibly infringe on the functions of the C.D.A. Such is not the case in this instance any more than a constituted committee of the C.D.A. would take upon itself the sifting of detail to report broad policy to the Board of Governors. In fact the functions of the D.D.A. are concerned with the purely defense aspects of Dentistry and the Board should be most gratified that a qualified group of ex-dental corps officers voluntarily give their time and the benefit of their experience in such a cause.

In any case the D.D.A. is a government sponsored and supported group to advise on defense dental matters. It acts in conjunction with other defense groups such as medicals, infantry, artillery,—in fact each branch of the service has a defense association. The functions of each is to assist in building general efficiency of the defense services and in cooperation with each other. There has been and is, very close liaison between the D.D.A. and C.D.A. You are referred to the transactions of the last annual meeting and the comments of the Board in paragraph #3 expressing satisfaction and approval of the relationship. The above has already been reported, perhaps in less detail by the Services Committee but is again brought to attention with the hope that all aspects will now be clarified.

The report of the Services Committee at the last annual meeting of the Board stated that the D.D.A. had submitted a brief to the Minister of National Defense urging the formation of a Dental Procurement and Assignment Board to function during an emergency. This was advocated because our experience during the late war indicated that arrangements at that time left much to be desired. The submission expressly named the C.D.A. as a component part of the proposed board. Moreover the Secretary of the C.D.A.

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was forwarded a copy of the submission. It is gratifying to report that an order-in-council has now given approval to the formation of the Defense Medical and Dental Services Advisory Board. The initial meeting was held in Ottawa February 9-10, 1950, Dental representatives were from the C.D.A.; the D.D.A.; and D.G.D.S. The Secretary of the C.D.A. will include more details of the meeting in his report by pre-arrangement.

In conclusion, the Services Committee have no recommendations to make at this time on future activities of the Service Committee other than meeting problems as they arise.

COMMENT AND RECOMMENDATIONS

The relationship of the Defense Dental Association and the Canadian Dental Association is clarified, and we wish to record observation of the good relation existing between the D.D.A. and the C.D.A.

Adoption of the Report recommended.

APPROVED

Resolution

That the Executive of the C.D.A. survey means of advising the profession of the full implications in the workings of the Medical and Dental Advisory Board.

APPROVED

COMMITTEE ON INDUSTRIAL DENTISTRY: C. A. E. McCABE, Chairman, Valleyfield, P.Q.;
R. A. WHEATLEY, Montreal, P.Q.; RAY CARSON, Montreal, P.Q.

REPORT

Your Committee on Industrial Dentistry desires to report as follows:

1. The booklet "Industrial Dental Services" submitted to and approved by this Board during the annual meeting held in Saskatoon, last June, was published in October.

2. The December issue of your Journal announced that single copies of the said booklet could be obtained by writing to the C.D.A. Secretary.

3. At the time of the writing of this report about 150 copies, in addition to those utilized for the mailing list of the Governors' Letter, had been distributed through headquarters and through your Committee.

4. A note requesting comments was attached to every copy distributed by your Committee.

5. Replies received, were found so interesting that extracts are attached to this report in chronological order as follows:

Appendix "A"—Dr. Ernest A. Schwarz, Municipal Department of Health, Magdeburg, Germany.

Appendix "B"—Dr. Edward R. Aston, President, American Association of Industrial Dentists.

Appendix "C"—Dr. James M. Dunning, Dean, Harvard School of Dental Medicine.

Appendix "D"—Dr. W. A. Murray, Director of Medical Services, Molson's Brewery Limited.

Appendix "E"—Dr. D. P. Mowry, Dean, Dental Faculty, McGill University.

6. Your Committee wishes to express its thanks to the authors of these comments for their cooperation, their frankness and their constructive criticism, all of which proved to be not only valuable but very encouraging and thought provoking in so much as it incites further action.

7. From the reading of these comments, your Committee comes to the conclusion that the thinking of the dental profession as regards industrial dental services is, with but for the following exception, very similar in at least three countries.

8. Although your Committee has heard and read many arguments favouring private practice as against clinical practice, your Committee is alarmed and

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requests guidance from this Board regarding the dogmatic statement referred to, by our German Confrere, in the centre of the last paragraph of page 1, Appendix "A".

The solution of this question may have repercussions on the C.D.A. policy as regards Public Health and Health Insurance as well as Industrial Dental Services. Unless some qualifying statement is made by this Board to strengthen our position or paragraph (d) Part III of our policy as regards industrial dental services modified, this will probably not be the last time that the C.D.A. policy regarding this most important question is criticized, nor will the criticism always come from members of the dental profession.

9. Your Committee regrets having no comments to offer you from Industry, none having yet been received. This is probably due to the fact that few industries actually know the existence of this booklet and that the few who have received a copy, have not yet found time to evaluate its contents.

10. Your Committee draws your attention to the fact that it is not the present policy of the C.D.A. to take the initiative of proposing the widespread adoption of industrial dental services, nor does the C.D.A. at present advise such a policy. In view of this fact, your Committee purposely avoided widespread dissemination of the booklet; and limited distribution to a half dozen who requested information and to a few selected industries from which it hoped to obtain comments.

11. Your Committee recommends that any new edition of the booklet should, if possible, contain additional chapters developing the suggestions made in the second paragraph of Appendix "C".

12. Your Committee recommends to all who are interested in industrial dentistry, a list of publications which has been compiled in response to an increasing number of requests from members of the dental profession, industry, labor, and governmental organizations for sources of information concerning industrial dental care. This list entitled "Industrial Dental Care a bibliography" is published by and may be obtained from the Federal Security Agency, Public Health Service, Division of Industrial Hygiene, Washington 25, D.C., U.S.A.

13. Your Committee regrets the loss of Dr. Rupert A. Wheatley who left Canada, March 25th, for a period of a year, for health reasons.

Your Committee could not accept the resignation of such a valuable member and under the circumstances, granted him leave of absence for the balance of his term of office.

Your Committee wishes to publicly express its thanks to Dr. Wheatley for his services in the past, and hopes that sunny Bermuda will restore his health, that he may again contribute to the advancement of Industrial Dentistry in Canada.

APPENDIX "A"

"It is very interesting to study and discuss the Canadian program of the Industrial Dental Services. As per my point of view a law should be necessary in order to carry through with success the idea of Industrial Dental Services. In the eastern part of Germany a law has been issued in such a manner. Plants with 5000 and more employees are compelled by law to establish "Industrial Dental Services". In Canada in comparison these Services are founded on voluntariness of the industrial plants. Another difference consists in the following: You say, the best dental services are deriving from the offices of the private practitioners.—Have you got any exact proof for this dogma? We don't have such a proof here. We are here about to prove that the best dental services take place at a dental clinic! My private opinion is, that it depends entirely on the fact, that the best dentist, with the best operation-room and the best technical outfit is the onliest form of organization of dentistry.—Very much to appreciate is what your booklet contains about the administrative program or department. You are asking about my opinion regarding the contents of this booklet. Now, I frankly must admit that this booklet full and entirely performs its purpose. Until now, we did not have here a publication of that sort. Perhaps I take occasion to write a booklet like yours. The dental association does not have here any public tasks.—It deems expedient if we would get connection with the World-trade-Unionism by the Federation Dentaire Internationale in order to realize this idea all over the countries of our globe. What is your opinion about this?"

APPENDIX "B"

"Allow me to congratulate you on such a splendid effort in compiling such interesting subject matter on industrial dentistry that will be of great value in supporting the cause of dentistry in industry. I feel certain that this booklet will fill one of your greatest needs in helping to place dentistry in the industrial health picture in your Country.

As I read through the various chapters of the booklet I couldn't help but feel that the way of thinking, in regard to industrial services, both in Canada and my own country, are very much the same. The policy that you have set forth in part one of Chapter 3 is the exact program that I am attempting to bring to the front in my own State of Pennsylvania. I am enclosing a reprint of a paper that I read at Buffalo in 1947, the title of which is "Dental Relations in A State Industrial Hygiene Program". Upon reading this I am sure you will feel the same as I do, that the thinking of all of us, in regard to industrial dental services, although in different countries, is very much the same.

We of the A.A.I.D. have been earnestly endeavouring to re-create a committee on industrial dentistry in the Council on Dental Health of the A.D.A. We feel that we are progressing and should very shortly have the entire support of our national organization in our efforts. If we are successful in having such a committee to function for us I would be very happy to see a

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similar type booklet prepared for distribution, by this committee, throughout our country.

Again allow me to congratulate you and your Committee for preparing such an excellent brochure on industrial dental services.

Your request for reprints of papers read at the last annual meeting of the A.A.I.D., only one of these papers have been published to date in our official magazine, *Industrial Medicine*. As soon as the others are in print we shall be very glad to furnish you with a copy of each."

APPENDIX "C"

"Thank you very much indeed for sending me the Canadian Dental Association booklet on Industrial Dental Services. You and your colleagues are to be complimented on a very constructive approach to an important problem. I like your various plans and particularly your insistence that "any dental programs to be effective must reach practically all the employees of a firm". Your realistic acceptance of the fact that dental treatment services must occur in certain areas is also good although you obviously feel as we do that most "heavy" treatment work really belongs in private offices.

Since you do ask for my comments, I might say that I missed from the booklet any attempt to measure the benefits which have been obtained by industrial dental services and also any attempts to express the cost of dental service in dollar per patient per year. Evidence exists on both of these points as you probably know, and we in this country find that employers are very anxious to receive actual figures before they embark upon expensive public health programs for their employees.

I am sure it has been a great source of satisfaction to all of us in the American Association of Industrial Dentists that you people across the border are joining hands with us in an effort so important to industrial employees."

APPENDIX "D"

"I have been privileged to read your booklet entitled "Industrial Dental Services". I think that it is a very helpful guide to anyone contemplating the inauguration of an industrial dental service. I agree heartily with the recommendations set forth therein, as seen from the industrial physicians' point-of-view."

APPENDIX "E"

"A short time ago, Dr. Rupert Wheatley presented me with a copy of *Industrial Dental Services*.

Permit me to offer you my congratulations upon a most valuable compilation of facts regarding a matter which is going to be of greater importance in the near future.

I know that the Chairman has the chief responsibility and often most of the work, and for that reason I feel that the gratitude of the profession should be addressed to you."

COMMENT

(Nos. refer to those in report)

1. We wish to commend Dr. A. McCabe and his Committee on the efficient and capable manner in which they have discharged their duties and particularly on the publication of the booklet "Industrial Dental Services".
2. No comment.
3. Noted.
4. No comment.
5. Noted with interest.
6. Agreed.
7. & 8. Noted. (We do not view with any concern this isolated reference, referred to in paragraph 8.)
9. Noted.
10. Approved.
11. Agreed.
12. Noted.
13. We heartily concur in the observations in respect to Dr. Wheatley.

APPROVED

COMMITTEE ON ETHICS: J. D. McLEAN, Chairman, Edmonton, Alta.; O. L. OATWAY, Red Deer, Alta.; S. C. HODGSON, Edmonton, Alta.; J. P. WHYTE, Swift Current, Sask.; H. N. B. BEACH, Ottawa, Ont.

REPORT

In accordance with the wishes expressed at the 1949 meeting by the Board of Governors of the Canadian Dental Association, the Committee on Ethics has attempted this year to study the ethical standards of the dental profession in Canada with a view to inculcating and raising the ethical principles of the profession in the best interests of all concerned.

The Committee wishes to take as a basis for study the ethical standards as set out by:

1. Schools of dentistry.
2. Corporate members of the Canadian Dental Association.
3. Other professional bodies.

We may say at the outset that there has been some difficulty in obtaining reports from certain members of each of these groups, and that therefore, the report cannot be as complete as we should have wished at this time.

We should like to present however, the results of our investigation to date, together with certain recommendations for further action.

The Present Position in the Canadian Dental Association

Prior to 1942, the Code of Ethics of the Canadian Dental Association consisted of a detailed set of regulations governing the moral conduct of its members in the practice of their profession.

In 1942, after considerable discussion, this section of the by-laws was rescinded and replaced by a broad precept on ethics, based on Lord Usher's statement in the British courts to the effect that the ethical conduct of the members should be governed by the opinion of their professional brethren of good repute and competency.

Instruction in Ethics in Canadian Dental Schools

To date reports are available from only four of the five Canadian dental schools.

In most schools the course in ethics is combined with jurisprudence and business management. From two to five lectures of one hour are given in the senior year specifically on ethics and covering the following material:

1. A definition of ethics and its application to a profession.

2. The meaning of a profession, and the contrast from the business of trade and commerce.
3. The subject of fees, split fees, and contract practice.
4. A code of ethics.
5. Advertising.
6. Patents, copyrights, etc.
7. Therapeutic agents.
8. Criticism of service.
9. Relationship with allied professions.
10. Relationships with laboratories.
11. Consultation.
12. Obligations to other dentists and the profession as a whole.

Provincial Professional Acts Regarding Ethics

This report is based upon replies from eight of the provinces.

1. In two instances, except for specific prohibitive regulations appearing in the dental act to define what a practitioner may not do, the Code of Ethics was similar in form and intent to Lord Usher's statement that the ethical conduct of the members should be governed by the opinion of their professional brethren of good repute and competency.
2. Two of the provincial bodies specifically use the Code of Ethics as set out by the Dominion Dental Council, and inasmuch as most of their members register by D.D.C. certificate, which may be revoked upon any violation of the code, they feel that the situation is under adequate control.
3. In four provinces there is a more detailed Code of Ethics written into the by-laws of the provincial legal body. These regulations deal with and define such subjects as:
 1. Duties to the profession, i.e. it is the duty of each member to uphold the honour and dignity of the profession and to strictly adhere to the principles set forth in the code.
 2. Duties to patients, i.e. a readiness to respond to the reasonable wants of patients realizing the obligation involved in the duties toward them, plus an attempt to enlighten and educate patients in an unobtrusive manner.
 3. The dentists' duties towards himself, i.e. to be temperate in all things that the health of the mind and body may be ever at its best so that the patient may have the benefit of clearness of judgment and skill which they have a right to expect.
 4. The dentists' duties to his confreres with respect to the soliciting or

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performing of operations, circulation or recommending nostrums, and similar acts.

5. Guaranteeing the results of treatment.
6. Matters of referring patients for:
 - (a) diagnosis
 - (b) temporary relief
 - (c) treatment
7. Advertising
 - (a) the use of professional cards, recall notices, and appointment cards, with the limitations as to size and information printed upon them.
 - (b) the use of signs, defining the size, the size of lettering, the number of such signs, and the use of lighting in conjunction with them.
 - (c) telephone listings.
 - (d) publication of professional cards or advertising in newspapers, periodicals, magazines and the like.
 - (e) fraudulent advertising, or the advertisement of any special drugs or equivalent for personal gain.
 - (f) references to personal qualifications in print.
8. The employment of agents, assistants, partners, etc.
9. The prescription of medicines, and recommendation of treatment by employees.
10. Taking over a practice.
11. Disparagement of associates and colleagues.

Canadian Medical Association

In 1938 the Canadian Medical Association published their "Revised Code of Ethics" as adopted June 21st, 1938. This fifteen page booklet outlines in fairly broad terms the following points:

1. The Golden Rule is the basis of any code of ethics. "A code of ethics for physicians can only emply or focus this and other golden rules and precepts to the special relations of practice. As a stream cannot rise above its source, so a code cannot change a low-grade man into a high-grade doctor, but it can help a good man to be a better man and a more enlightened doctor".
2. Duties of physicians to their patients. The first consideration is the welfare of the sick—help to the utmost—confidences are safe—he does not multiply cost without need—allays fears—the alleviation if not cure of disease—counsellor and friend—refreshment of his own knowledge—obligation to undertake consultations.
3. Duties re consultation—desirable, at certain times almost obligatory.

4. Patients referred to physicians or sent to hospital—outlines the duties of consultant and attending physician.
5. Induction of abortion.
6. Physician as visitor—when as a personal friend, a physician calls upon someone else's patient, he should never express his opinion on treatment, etc.
7. Duties to Profession at large—"jealous for the honour of his craft, for its devotion to truth, and the high quality of its service to mankind.
8. Professional services of physicians to each other.
9. Paid advocacy—cannot be reconciled with the ideals of a physician.
10. Secret commissions—i.e. "split fees".
11. Standard of fees—"General rules and standards regarding fees should be adopted by the profession in each province and district. It should be deemed a point of honour among physicians to adhere to these standards with as much uniformity as varying conditions admit".
12. Medical Associations—the obligation to these societies.
13. Advertising.
14. Communications to laity on medical subjects.
15. Radio broadcasting.
16. Discoveries.
17. Group practice and ethics.
18. Emergency calls.
19. Locum tenency.
20. Contract practice.
21. Personal differences between physicians.
22. Medical witness.
23. Patent preparations.
24. Succeeding another physician.
25. Care in comment.
26. Relations of physicians in and with hospitals.
27. Nurses and Nursing.
28. Duties of the profession to the public.
29. General Principles—medical care for a nation should aim at care of disease, guard individual choice of a doctor, providing consultative and specialist service, demand quality from profession, and interpose as little between the doctor and patient as possible.
30. Hippocratic Oath.
31. Prayer of Maimonides (in part).

In comment, it would seem that this excellent manual, would as applied to dentistry, infringe too greatly upon the legal rights of our provincial bodies.

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If one is to consider as a definition of ethics, the Oxford dictionary version, "the moral principles by which a person is guided", then the sources influencing the development of these principles are in order of importance:

1. early home, school and religious training.
2. university teaching, and the personal ideals of the academic staff.
3. the ethical principles and conduct of professional confreres.

It is quite obvious that except in the careful selection of candidates to schools of dentistry, there is no way in which the influence of early environment can be affected by the profession at large.

With respect to the influence on ethical standards of students while in the University, the courses offered would seem to be reasonably adequate. Perhaps some means could be used to further faster the influence of individual faculty members.

It must be through these second and third groups then that an organization such as the Canadian Dental Association can do much to influence the ethical standards of the profession as a whole.

The fact that it is well nigh impossible to legislate moral character, and the divergence of opinion in the methods of setting ethical standards by the various provincial bodies, would confirm the opinion of our Board that a broad statement in ethics such as is now written into the records, is still the more desirable position to adopt. This obviates the possibility of a practitioner living within the "letter of the law", and without its spirit.

It is felt however, that for the particular benefit of those who in more recent times have lacked the inspiring moral influence due to accelerated and crowded University conditions, as well as a reminder to the profession at large, it might be well for the Association to publish for all its corporate members a submission suggesting the fundamental moral obligations of a dentist and urging their cooperation.

To this end a suggested outline for such a pamphlet is appended to this report. This is not intended as a final draft for we would wish to obtain information from further sources. Perhaps when this has been received, you would wish to have the Committee present the draft to the provincial bodies and to the Executive of the Board for final approval and publication. You may note that throughout the Guide, the policy has been to state only what is ethically correct, and insofar as possible, the negative side has been omitted. The thought here is that one is more favourably influenced by the "do's" than the "don'ts".

A GUIDE TO PROFESSIONAL CONDUCT

No better receipt can be formulated to govern a person in all of his relationships as a professional man than the Golden Rule, "As ye would that men should do to you, do you even so to them".

This presentation is not intended to serve as a set of rules and regulations as to professional conduct, for that function is more properly within the

sphere of the individual provincial dental bodies. The purpose of this manual is rather to serve as a guide to professional conduct which will bring credit and respect to the profession of dentistry in Canada.

“A profession to be respected by others must first be respected by its own members. Dentistry will only be improved in position by dentists, and the public will never demand that dentistry should occupy a more elevated professional status than that set by the dentists themselves.”

Obligations to Patients

(a) The high calling of dentistry carries a moral obligation to render service. The dentist should be ever ready to respond to the reasonable wants of his patients, fulfilling these to the highest degree within the limits of his skill and knowledge whether it require the simplest or most complex attentions.

Every patient is entitled to adequate examination. The dentist should endeavour to render the same quality of service that he would wish for himself or his family from another dentist.

(b) Inasmuch as a patient is rarely competent to judge his own requirements, the dentist should honestly and sincerely advise the proper course of treatment. He should kindly but firmly insist upon doing only those things which his professional knowledge dictates to be in the best interest of his patients' welfare.

(c) It is the duty of every dentist to impart such knowledge to his patients, as may be deemed desirable to a fuller understanding of their needs and care.

(d) No person engaged in the profession of dentistry can expect to be expertly informed in all phases of diagnosis and treatment. In instances of doubt there should be no hesitation in seeking the advice of professional brethren, either general practitioner or specialist, by the referral of patients for diagnosis or treatment. In such instances, it is desirable for the two dentists to confer before comment to the patient so that a concerted plan may be presented.

(e) It should be a point of honour for members of the profession to adhere to established standards of ethical practice as varying conditions permit. The practice of “fee-splitting” is to be condemned as beneath the honour of the profession. Information of a personal nature which may be learned of/or a patient in the practice of dentistry should be kept in utmost confidence.

(f) It is the duty of every dentist to refresh and enlarge upon the knowledge and skill of his science and art so that he may be ever ready to give his patients the best possible treatment which circumstances permit. To this end he should avail himself of all possible developments in the profession which may be derived from professional publications, clinics, conventions and refresher courses.

(h) It is the obligation of every dentist, both to himself and to his patients, that he be temperate in all things, that at all times the health of his

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mind and body may be at their best so that his patients may have the benefit of the clearness of judgment and skill which they have a right to expect.

OBLIGATIONS TO THE PROFESSION AT LARGE

(a) Every member of the dental profession is bound as such to maintain the honour and integrity of the profession, and his conduct in all things should be such as to bring credit to himself and his confreres.

(b) Every dentist should give his whole-hearted moral and physical support to the advancement of his profession through his local, provincial and dominion societies, to the mutual benefit of all concerned.

(c) Every dentist should show his appreciation and respect to his teachers, and to those who have contributed in the past to the knowledge and art of the profession by presenting without thought of personal gain such advancements in his science and art which may be of mutual benefit to the profession and the general public.

OBLIGATIONS TO PROFESSIONAL CONFRERES

(a) In his relationships with his colleagues, every dentist should behave in such fashion as he would to a brother, doing and saying only things which he would appreciate from others.

(b) It is most unethical for any dentist to pass comment in judgment of the qualifications and procedures rendered by his confreres, except as such comment shall be to the mutual benefit of all concerned.

(c) In the instance of referred patients for consultation or emergent treatment, the dentist to whom they have been referred should be most cautious in his relationship to such patient and render only such comment and treatment as has been specifically requested by the original dentist.

(d) In presenting himself to the public a dentist should do only those things which will present him as an equal of his professional brethren, except as he may be duly qualified to practice as a specialist in his province. Hence, all forms of notices which may be construed as advertising should be avoided except:

1. the use of such sign which in its size, character, wording, and position may reasonably be required to indicate the entrance and location of the premises in which his practice is performed.
2. the use of professional cards indicating only his name, degree, office address, and telephone number.
3. the use of accounts and receipts.
4. the use of appointment cards and recall notices.
5. the use of announcements of the commencement of a practice, change in location, or restriction of practice.
6. the use of telephone listings in the white pages of the directory show profession, office and home address in standard lettering. In the

yellow pages of the directory, the listings should be in standard small lettering only.

OBLIGATIONS TO THE PUBLIC IN GENERAL

The subject of professional ethics deals equally with individual relationships with the public, as to professional confreres and the profession at large. Too many men feel that there is one set of moral standards to be used in relation to colleagues, and an entirely different set of values in the matter of public relations.

In his relationship to the public every dentist should realize the preventive as well as the restorative aspects of his profession and should seize such opportunity as may be presented to educate the public in the aims and desires of our profession, that the general dental health of all may be bettered.

Because of the advantages of his education and his peculiar relationship to the public in that unlike most professions he is dealing daily with people in their state of normal good health and emotional stability, the dentist has an opportunity to study and appreciate the interests and problems of a large cross-section of the population, and therefore should make it his duty to take an active interest in the affairs of his community.

COMMENT

(Many amendments were made which now appear in the report)

Your committee enjoyed the privilege of reviewing this comprehensive report, and hereby wish to express our appreciation to Chairman Dr. J. D. McLean for his endeavour in relation to this most important subject, and suggest that it be continued with equal enthusiasm in the future.

APPROVED

PUBLICATIONS

COMMITTEE ON PUBLICATIONS: (P. G. ANDERSON, Chairman, Toronto, Ont.; G. RATTE, Quebec, P.Q.; R. P. LOWERY, Toronto, Ont.; F. MARTIN, Toronto, Ont.; E. C. AHO, Toronto, Ont.; F. T. PEARSON, Toronto, Ont.

REPORT

At the meeting of the Board of Governors of last year there were a few recommendations made to the Committee on Publications for further study. These having been acted upon, the Committee wishes to report the following:

1. The feasibility and desirability of publishing larger pages as a possible means of increasing space in the Journal. After due consideration, this was not favoured by the Committee for several reasons. To mention a few:
 - (a) it would not be the generally approved standard size of journal.
 - (b) because of not being the regular size journal, it would not lend itself so well for library shelving or filing.
 - (c) economically there would be nothing gained.
2. As recommended last year and beginning with the August issue, the Journal was sent to the members of the profession in Newfoundland. Editorials welcoming them as Canadian dentists were contained in that issue.
3. An abstract report of the proceedings of the meeting of the Board of Governors held in June 1949 was sent to all members of the C.D.A.

The Journal of the C.D.A. reaches the office of every member of the Association regularly every month. Very few realize what a tremendous effort goes into the preparation of each publication of the Journal. Your Editors who work so patiently and faithfully in this effort are again to be commended and we pay tribute to them. Also the provincial editors and to all who take part in the preparation of the Journal, the profession offers its grateful thanks.

The personnel of the Committee on Publications has been changed in that the Chairman of last year's committee has moved on to the office of vice-president, but we are still fortunate in being able to have him a member of the Committee. For some time he has given strong leadership and enthusiasm to the Committee on Publications.

COMMITTEE ACTIVITIES

1. As reported last year, the advertising rates were raised five dollars per page as of July 1st, 1949. This resulted in the loss of a few advertisers but the loss was more than made up in increased revenue from total advertising. The Committee feels any further increase would not be advisable at the present time.

2. **Publicity in the Journal.** The Journal is being used more and more as a medium for advertising events which are to take place,—meetings, conventions etc. and events which have already taken place. Though everyone wishes to stimulate interest wherever possible, yet some policy should be approved respecting the use of the Journal as a publicity medium for it does use valuable space and renders the task of editing more difficult. After careful study, the Committee feels that a policy of allotting a maximum of nine pages of publicity for the Canadian Dental Association Annual meeting, should be adopted. These pages to be used in one issue or allotted over several issues as desired by the Convention Publicity Committee.
3. Because of the Journal being the official national publication of the Association, it was felt that some consideration should be given to publicity for conventions other than the C.D.A. Annual Meeting. In an effort to be fair to all concerned it was agreed by the Committee that publicity of Conventions other than that of the Canadian Dental Association should not exceed one-half page, and that supplementary advertising may be purchased at the current rates.
4. **Auxiliary groups.** Though it has been discussed at other earlier meetings, the Committee is asking that the Board of Governors establish a policy in respect to space allotted to auxiliary groups in the Journal.
5. Throughout the past sixteen years or so the Journal has steadily grown in stature to its present enviable place. Thanks to the Editor in Chief, the Editor of the French Section, the Assistant Editor, the Provincial Editors, the Business Manager and others. Latterly there has been a growing demand for more space for scientific material in our Journal. This we feel is justified. Under the present situation however, the cost of the Journal is ever mounting, and in our effort to keep the economics of the Journal Committee in harmony with the whole financial structure of the Canadian Dental Association, the Committee asks that the Board of Governors give some indication in (a) whether or not they approve of increasing the text content of the Journal, thereby providing more pages in both English and French sections for scientific material: and (b) if the text content be increased, will the Board be prepared to underwrite any loss that may result. This would mean that the grant to the Journal would have to be substantially increased if the Journal is to be increased in size.
6. Any direction given to the Committee which will assist in furthering the success of our national dental publication, will be very much appreciated.
7. A three fold financial statement is appended to this report.

FINANCIAL SUMMARY FOR C.D.A. JOURNAL FOR 1949

	Revenue	Agency Com.	C.P. Com.	Printing	Postage	Engraving	Duty	Misc.	LOSS
Jan.....	\$ 2,241.00	\$ 253.62	\$ 397.48	\$ 2,173.65	\$ 53.81	\$ 135.91	\$	1.02	\$ 774.49
Feb.....	2,271.00	239.00	406.40	2,137.35	56.50	238.53		.92	807.70
Mar.....	2,593.30	303.13	459.17	2,102.37	47.93	61.66	.50	.97	382.43
Apr.....	2,104.00	226.85	375.43	2,146.86	93.85	74.70		2.44	816.13
May.....	2,662.50	315.88	469.32	2,240.40	51.37	93.53	.90	1.65	510.55
June.....	2,108.50	231.74	375.35	2,048.63	11.73	7.13			566.08
July.....	2,406.50	277.02	425.90	1,894.71	48.61	70.21		.85	310.80
Aug.....	1,939.75	200.20	347.91	1,887.66	85.33	72.18		2.10	655.63
Sept.....	2,900.00	350.67	509.87	2,079.73	49.41	12.60			102.28
Oct.....	2,264.00	242.98	404.20	1,853.78	47.85	18.45	.74	2.15	306.15
Nov.....	2,906.00	353.59	510.48	2,173.46	51.88	44.74	1.36	1.10	230.61
Dec.....	2,350.75	271.63	415.82	2,043.68	54.81	104.43	.90		540.52
Totals.....	\$28,747.30	\$ 3,266.31	\$ 5,097.33	\$24,782.28	\$ 653.08	\$ 934.07	\$ 4.40	\$ 13.20	\$ 6,003.37
Total Expenditure									\$34,750.67
Total Revenue									\$28,747.30
LOSS									\$ 6,003.37

True copy of Auditors' Statement**THORNE, MULHOLLAND, HOWSON AND McPHERSON**

Chartered Accountants

Federal Building

Toronto, Canada

January 31, 1950.

Dr. G. Vernon Fisk,

President, Canadian Dental Association,
Toronto, Ontario.

Dear Sir:—

We have audited the accounts of the COMMITTEE ON PUBLICATIONS OF THE CANADIAN DENTAL ASSOCIATION for the year ended December 31, 1949, and submit herewith the following statements:

Certified Balance Sheet.

Statement of Revenue and Expenditure.

In connection with the audit of the editor's office expenses, there was submitted to us a certified statement of the editor's disbursements for the year ended December 31, 1949, totalling \$1,510.08, which amount is included in the accompanying statements.

Respectfully submitted,

(Signed) THORNE, MULHOLLAND, HOWSON AND McPHERSON
Chartered Accountants

Canadian Dental Association
COMMITTEE ON PUBLICATIONS
BALANCE SHEET
December 21, 1949
Assets

Current Assets:

Cash on hand and in bank	\$ 1,507.55	
Account receivable	159.21	\$ 1,666.76

Capital Assets:

Office furniture and fixtures	378.03	
Less Reserve for depreciation	311.02	67.01

1,733.77

Deficit:

Deficit for year 1949	990.87	
Less Surplus, December 31, 1948	889.45	101.42

\$ 1,835.19

PUBLICATIONS

Liabilities

Current Liabilities:	
Account payable	\$ 1,835.19
	\$ 1,835.19

Auditors' Report

We have audited the accounts of the Committee on Publications of the Canadian Dental Association for the year ended December 31, 1949, and report that, in our opinion, the above balance sheet fairly presents the financial position of the Committee as at December 31, 1949, according to the best of our information and the explanation given us, and as shown by the books.

THORNE, MULHOLLAND, HOWSON AND McPHERSON,
Chartered Accountants.

Canadian Dental Association
COMMITTEE ON PUBLICATIONS
STATEMENT OF REVENUE AND EXPENDITURE
Year ended December 31, 1949

Revenue

Advertising	\$28,747.30	
Canadian Dental Association grant	11,500.00	
Subscriptions	543.10	
Interest and premium on U.S. currency	3.61	\$40,794.01

Expenditure

Honoraria:		
Dr. M. H. Garvin	\$ 1,800.00	
Dr. G. de Montigny	540.00	
Dr. T. R. Marshall	120.00	\$ 2,460.00

Expense allowances:	
Business manager	\$ 1,200.00
Dr. M. H. Garvin	600.00
Dr. G. de Montigny	400.00
Dr. T. R. Marshall	480.00
Dr. J. A. Fortier and Dr. Paul Geoffrion	120.00
Dr. D. T. Waye	15.15
Dr. W. C. Oxner	15.15
Dr. J. F. Edgecombe	15.15
Dr. E. T. Bourke	15.15
Dr. J. F. Morrison	15.15
Dr. W. E. Addinell	15.15

PUBLICATIONS

Dr. L. G. Robinson	15.15	
Dr. L. D. Haselton	15.15	2,921.20
Editor's office expenses	1,510.08	
Committee meeting expenses	8.30	
Publishing The Journal	24,799.88	
Commission, Consolidated Press, Limited	5,097.33	
Agency commission	3,266.31	
Cuts and postage	1,590.50	
Depreciation on office furniture and fixtures	8.26	
Office and general expense	123.02	41,784.88
Deficit for year		\$ 990.87

B U D G E T

COMMITTEE ON PUBLICATIONS

Revenue

	1949 Estimated	* 1949 Actual	Estimated Revised 1950	1951 Estimated
Advertising	\$30,000.00	\$28,747.30	\$30,000.00	\$30,000.00
C.D.A. Grant	11,500.00	11,500.00	12,500.00	13,500.00
Subscriptions	400.00	543.10	500.00	500.00
Int. & U.S. currency		3.61		1.00
Totals	\$41,900.00	\$40,794.01	\$43,000.00	\$44,001.00

Disbursements

Salaries	\$ 2,540.00	\$ 2,460.00	\$ 2,540.00	\$ 3,000.00
Expense Allowances	2,840.00	2,921.20	2,840.00	2,920.00
Editors Office Exp.	1,500.00	1,510.08	1,500.00	1,500.00
Committee Mtg. Exp.	250.00	8.30	250.00	250.00
Publishing Journal	25,572.00	24,799.88	25,500.00	25,500.00
Commission—C. Press	5,750.00	5,097.33	5,500.00	5,500.00
Agency	3,500.00	3,266.31	3,500.00	3,500.00
Cuts & Postage	1,300.00	1,590.50	1,375.00	1,600.00
Depreciation on Office Furniture and Fixtures	1.00	8.26	1.00	1.00
Office and General Expense ..	150.00	123.02	150.00	150.00
Totals	\$43,403.00	\$41,784.88	\$43,156.00	\$43,921.00

Estimated	
Deficit for 1949	\$ 1,503.00
Actual Deficit for 1949	\$ 990.87*

PUBLICATIONS

Estimated Deficit for 1950	\$	156.00	
Estimated Surplus for 1951	\$		80.00
* Auditor's Report.			

COMMENT AND RECOMMENDATIONS

The Committee on Publications is to be congratulated for its enthusiasm and ability in carrying out the duties entrusted to its care.

It is recommended that letters be sent from this Board of Governors to the Editors, including provincial editors expressing our thanks to them for their excellent contribution made during the past year to the success of the Journal.

Advertising rates are a matter of internal policy and within the jurisdiction of the Committee on Publications.

It is recommended that the provincial editors be notified of arrangement for publicity of meetings.

Auxiliary Groups.—It is recommended that the Committee on Publications should instruct the editors to condense the material within reasonable limits so that not more than one page of copy should be utilized in an issue of the Journal. In addition to this one half page should be allowed in respect of Annual Meetings.

For the present year no change should be made in size of Journal.

Approve Auditors Financial Statement and the Budget.

APPROVED

REPORT OF THE EDITOR—M. H. GARVIN

Mr. Chairman and members of the Board of Governors:

It is a particular pleasure to report on our Journal to the Governors of the Canadian Dental Association. It is much the same sort of satisfaction a man derives from planting a field and watching the seed ripen into a bumper crop. As applied to the Journal the seed was planted when, about seventeen years ago, the C.D.A. delegates decided that the time had come when our national association should have its own publication in the interests of our profession from coast to coast. Since then, the seed has germinated and brought forth a crop good to look at, a crop to feed the minds of dentists looking for greater knowledge on dental subjects; not a bumper crop however, due to lack of rain—the rain of financial support. Our record of accomplishment, in spite of limitations, stands open before all to evaluate.

In bringing in this report I would at once express my deep appreciation of the fine spirit of cooperation which has existed between the members of the Journal Committee, the editor and his associates of the French Section, the Assistant Editor, the provincial editors, and myself. No problems have arisen which have given any serious concern, and, when problems have arisen, they have been settled in a splendid spirit of good will.

As the editor is appointed by the Journal Committee, and as he is responsible to that Committee for his actions, it is only right that any suggestions for the improvement of the Journal that the Editor wishes to advance, should be made to that Committee and the Committee in turn would naturally turn to this Board of Governors for any special direction. However, in this case the Journal Committee has very graciously given me a free hand to bring before you as Governors anything on my mind that I may consider to be advantageous in improving our national publication.

I may say at the outset that the Editor assumes full responsibility for nearly all that has appeared in the Journal during the past year, the exception being the material used in advertising the Convention being held in Toronto next week. This advertising was accepted as coming from the Publicity Committee of our Association and approved by the Journal Committee, and was not screened or reviewed by the Editor. Needless to say, on account of its volume it has disrupted the even tenor of our ways and I am glad to be assured that the Journal Committee has this matter under consideration for the future. During the first four months of this year we had 192 pages of English text, of which 61 pages were used for manuscripts, 29 pages for advertising this Convention, and 5½ pages for other announcements, making approximately 35 pages in all, or 18% of the total text—well over half of the space allocated for scientific papers. Furthermore, if this much space is to be allowed to advertise our C.D.A. Convention, surely the provincial conventions, and particularly the Western Canada Society comprising three provinces, and the Maritime Convention also comprising several provinces, are entitled to a number of pages of advertising. To continue such a policy means the very definite deterioration of our publication from the standards set for it.

I am convinced that when a dentist goes to a convention, he goes for one of two reasons, either to have a good time and holiday, or, to improve his knowledge of dentistry, and, he may go for both reasons. If for a good time, all that is necessary is to announce the dates and the sporting events; if for knowledge, he wants to know what the program offers and he wants to read about it in condensed form in one issue of the journal—if the program is to be published in the journal—and not have to look through several issues to see what it is all about. This is the plan followed by the American Dental Association. Apart from this one issue nothing but the dates and arrangements re hotel reservations appear in that journal, and last year even in the issue containing the full program of the convention, the A.D.A. editor had over twice the number of pages for text as are available for ordinary issues of the Journal of the C.D.A. So I say I am pleased that the Journal Committee has this matter under consideration, because it is difficult enough to produce even a fairly well balanced journal with the space made available without having to take care of matters of this kind. All of this, however, is no reflection on the Publicity Committee of our Association. This year particularly, Dr. Hord and his Committee have shown unusual enthusiasm

PUBLICATIONS

in carrying out their duties. They must have spent an endless amount of time on our behalf and are deserving of our very sincere thanks and appreciation.

It is obvious that when an organization assumes the responsibility of publishing a journal it enters at once into a field which is far-reaching in many ways. One of the primary reasons for publication is to create a means whereby the membership can be informed, at regular intervals, concerning professional activities, and we must remember that one of the objects of a professional journal is education.

We have tried to keep the members advised of professional activities. We have sought out interesting material that might not be available through the usual channels. Scientific articles have appeared regularly. We have tried to remember that we are dealing with dentists who are interested in technical procedures that can be used in practice, the dentist who limits his practice to some specialty, the research investigator, the dentist who subscribes to many publications and the one who receives only the few that are available without cost to himself.

To sum up I would say that a dental journal is the most useful agency for the continued education of the dentist; and furthermore, the status of the profession in any country is judged to a large degree by the journalism which emanates from that country, so, for this reason, a journal published by any organization should be given a very high priority over most of the activities of the organization.

During the past year it has been pleasing to note the number of articles from our Journal which have appeared in other publications throughout the world, the number of requests for previous issues, or special articles, all of which adds up to an evident increasing interest abroad in the Journal of the Canadian Dental Association.

However, I do not think the time has arrived to rest on our oars. We have simply done our best with the space at our disposal. It has not been possible to any extent to request men to write articles on special subjects of present value. It has not been possible to seek interesting news items from foreign fields beyond those appearing in some journal. It has not been possible to publish many articles of very special interest which have come to hand. However, it is to be hoped that in due time these difficulties can be overcome and that the Journal of the Canadian Dental Association will soar to much greater heights of achievement in the years to come.

Some papers which have appeared have had very little reader interest and this is always a serious problem—one which invites investigation. A paper is sent in by a prominent dentist, or written by a prominent dentist and sent in for publication by a provincial editor with an urge for publication, and yet at times it is obvious that the paper will not be read by one per cent of our men. What is the answer? We do try to limit these, spread them out as well as we can, and include other interesting articles for the same issue.

The mounting deficits in publishing our journal must be a headache to the Journal Committee, and gives no little concern to your editor. As a general policy I have always felt that with about 50 per cent advertising, that the advertising should carry the ordinary publication costs, exclusive of any honoraria, but for some time this has not been the case and the condition seems to be getting worse. It seems to me that if our dental trades were approached from the above angle that they should be willing to support our profession to that extent, and we in turn should support those who help us.

As to honoraria I have no personal complaint to lodge, but all of our journal staff are not so well satisfied and, perhaps, something has been overlooked when we realize that the cost of living index has risen from 95.6 in 1934 to 160.9 in 1949, just fifteen years; from 117 in 1942 to 160.9 last year, or in other words, \$817.09 in 1942 was equal to \$594.16 in 1949, a difference of \$222.93, or a drop of 28%. This problem, of course, applies equally to our C.D.A. secretary, his staff, and all other employees of the C.D.A.

Not all of us see eye to eye as to the type of material which is suitable for publication in our journal. That is probably as it should be. However, some consideration should really be given to this important matter.

The English Section of our Journal might be broken down as follows:

1. Scientific Papers.
2. The Forum Section (Condensed articles from the dental journals of the world, published in English).
3. Editorials.
4. Organization Doings and News from the Provinces and the World.
5. Personal or "human interest" features.

The Editor needs assistance at arriving at a balance between these features. It would help greatly if you as Governors could have presented before your leading societies a questionnaire to discover the order of importance from an interest standpoint of these various features in the minds of the members, or suggest to the Journal Committee that this be done.

The pattern of our Journal is, in many ways, original and not copied from some other journal; in fact, a number of journals have copied some features from us.

The Journal also tries to bind dentists themselves into a solid front that means power. In fact, obviously, it is a great potential for service to the dental profession.

Furthermore, could not some committee plan from time to time to take a poll of professional opinion in Canada on many of our acute problems. It would create interest and help the Journal.

Some time ago we ran a Section entitled "Problems in Practice" and encouraged any dentist with a problem to present it to the Journal. These problems were submitted to a number of our leaders who were always most willing to assist, but after some months trial questions failed to arrive, some-

PUBLICATIONS

thing that is hard to explain, for these problems surely exist in great numbers. When problems arise in practice to whom do men turn?

I would like to see more photographs of our dental society presidents throughout Canada appear in our Journal, but this has not been stressed on account of lack of space.

CONCLUSIONS

1. Suggest that the Journal Committee limit the number of pages available for the purpose of advertising any convention or postgraduate course in any one issue of the Journal.
2. Suggest that the Journal Committee give consideration to having a questionnaire circulated among the members of a number of our Canadian Dental Societies with the object of obtaining a cross-section opinion as to the value placed upon the various sections of the Journal.
3. That the Committee on Public Relations, or some other committee, be encouraged from time to time to take a poll of dental opinion regarding some of the more acute dental problems of our day, the same to be published in the Journal.
4. Can anything be done in the Journal to help dentists who have problems in practice, the answers to which are unknown to them?
5. That the auxiliary helpers in our offices be called "nurses"; that the national association of this group should be known as the "Canadian Dental Nurses' Association".

Furthermore, that the decision arrived at be suggested as a pattern for all nurses' associations, or societies, throughout Canada.

COMMENT

(Certain amendments were made which now appear in the report)

We commend the Editor for his fine report.

In respect to conclusion No. 5 in the report decision was made that it was not a matter for the C.D.A. to decide.

APPROVED

REPORT OF THE EDITOR OF THE FRENCH SECTION—

G. de MONTIGNY

As Editor of the French Section of the Journal of the Canadian Dental Association, I have the honour and the pleasure of submitting my annual report to the Board of Governors of our Association.

1. During the past year, we have had the pleasure of receiving a most valuable contribution from our confreres, who wished that the profession benefit from particular subjects of interest. Since you have confided the

direction of this section to us, this contribution has been the most abundant that we have received.

Another fact which we are happy to note is the growing interest which our Journal is creating in French-speaking countries of Europe. The comments which we receive from France, Belgium and Switzerland are an honour to our own publication. From our foreign confreres, we are receiving more and more frequently original articles, which we have and will use in our Section from time to time.

This foreign contribution and more active participation of our French-speaking confreres from this country in the life of our Journal make the problem of space in our Section a distressing one. It is impossible to publish all the news of general interest to the membership and to report facts of local interest to our confreres. We are always forced to delay the publication of these items; and to put off the appearance of these articles means ignoring them.

Therefore, we need more space and the urgency is becoming more and more acute.

2. In order to make the Journal more interesting to the two ethnic groups of the country, I would suggest that articles appearing in the English section have a resume in French at the end of the article and, vice versa, that French articles have a resume in English.

In this way, the Journal will have a more bilingual character, to the advantage of Canadian members and foreign dentists, who consult our publication.

The practical way to organize this translation would be to ask each author, when submitting his article to include a summary of said article, as he is the one who can best express the ideas issued in his communication. As for the translation itself, if the distinguished Editor of the English Section would be so obliging as to send these summaries to us, without promising him a twenty-hour service, we would endeavour to return the translations with the shortest possible delay.

The Journal of the Canadian Medical Association has somewhat the same policy and it seems to work smoothly.

3. We would wish to have the Governors discuss the question of Editors receiving suggestions for editorial subjects from the Executive Committee. The Journal is the official organ of the Association and must expose to the members the Association's policies on the problem of the day in our profession. There is a host of subjects about which Canadian dentists have no clear-cut ideas and it is the Association's duty to enlighten them by furnishing sound arguments and precise notions on questions that preoccupy them.

It seems desirable to me that the Executive Committee, from time to time, ask the Editors to deal with specific questions in order to shape the train of thought of the Canadian dental profession.

PUBLICATIONS

The Executive Committee receives well-investigated and mature reports from all the committees, who are studying different questions. The membership has the right to exact information of these studies and the most rational means of passing on this information is by commentary in the form of Editorials.

True journalism does not consist of reporting the news, as it occurs, but to comment on the news and form the readers' opinions in this regard.

Before ending this report, it would be unjustifiable not to mention the good work accomplished during the year by the Committee on Publications. Thanks to their efforts the Journal is issued earlier in the month and renders a greater service to the profession by publishing news sooner. I also wish to thank the Business Manager for his untiring devotion and the Editor of the English Section for his collaboration and for making available his most valuable experience.

COMMENTS

We wish to commend the Editor of the French Section of the Journal and to express understanding sympathy to him in his problems.

Decision on Section 2. to be left for consideration by the Committee on Publications.

APPROVED

HEALTH INSURANCE COMMITTEE: HARVEY W. REID, Chairman, Toronto, Ont.; C. A. E. McCABE, Valleyfield, P.Q.; H. A. SWALES, Toronto, Ont.; T. R. MARSHALL, Toronto, Ont.; L. V. JANES, Hamilton, Ont.; G. RATTE, Quebec, P.Q.

REPORT

Your Committee begs to report that since the last Annual Meeting two meetings of the Health Insurance Committee have been held, also several meetings of sub-committees.

Meeting of January 6th & 7th

1. A communication from Dr. F. W. Jackson, Director, Health Insurance Studies, Department of National Health and Welfare, (Appendix "A") was studied and direction given for a reply (Appendix "B").

2. Dr. H. K. Brown, Chief of Dental Health Division, Department of National Health and Welfare was present to discuss certain aspects of policy on dental health. Thorough discussion took place re place of hygienist in public health: long term planning in a preventive program: the necessity of devising a uniform method of evaluating the prevalence of dental disease rather than the number of cavities and other matters of mutual interest. Dr. Brown contributed much to the meeting and expressed himself as quite satisfied with the opinions expressed.

3. Dr. McCabe presented an excellent report outlining in detail a Pre-Payment-Post Payment Plan for Dental Services. A sub-committee was appointed with Dr. Janes as Chairman, to study this report and to report at the next meeting.

4. Subject matter for a proposed booklet was discussed and the Chairman was instructed to appoint a sub-committee to prepare same embodying the points discussed.

Meeting of April 15th

5. The report of the subcommittee to prepare the booklet was read and approved and direction given that 10,000 copies be printed and that a copy be sent to each dentist in Canada, Members of Parliament and to interested health workers. The booklet, "A Charter for Dental Health" appears as Appendix "C". (This pamphlet has now been distributed to the membership and does not appear herein.)

6. Dr. Janes presented the report of his sub-committee appointed to study the Pre-Payment Plan presented by Dr. McCabe at the previous meeting. It was recommended that this report as amended after careful study be presented for the consideration of the Board of Governors (Appendix "D").

7. The pros and cons of operating plans for dental health services in

HEALTH INSURANCE

conjunction with other health programs was considered and the following motion passed:

“whereas the dental profession is ready and anxious to cooperate with other health professions, this Committee recommends that the organization, development and administration of any dental health program should be under the independent control of the dental profession”.

8. After discussion it was agreed that the issuing of a general statement of Dental Health Policy would be in the best interests of the C.D.A. and a proposed statement is presented for your consideration. (Appendix “E”.)

The Committee begs to make the following recommendations:

- (a) In view of the almost world-wide interest in the New Zealand project in dental services for children that if it can be arranged, the C.D.A. should have a competent observer visit New Zealand and bring back a report of his studies.
- (b) That the Principles for Dental Health Services be studied with a view to possible revision.
- (c) That the name of this Committee be changed to “Committee on Health Insurance Studies”.

Appendix “A”

Department of National Health and Welfare,
Ottawa, December 7, 1949.

Don W. Gullett, Esq., D.D.S.,
Secretary, Canadian Dental Association,
211 Huron St., Toronto.

Dear Dr. Gullett:

I beg to acknowledge with thanks your letter of December 1st in respect to the forthcoming meeting of your Health Insurance Committee. We are glad indeed to have the opportunity of bringing forward certain points on which we would like to get information. These have to do, particularly, with the training of the personnel required in order to provide an adequate dental service for the Canadian people.

Our first concern, of course, is the question of dental hygienists. Although these are now in very common use in the United States, I understand from Dr. Brown that as yet there are no training facilities in Canada for this type of personnel, although it is possible, I hear, that a small group will be taken into the University of Montreal next fall to be given a training course. What we are requesting is information as to what your association has in mind in regard to the training of dental hygienists.

The same, of course, applies to increasing the number of dentists being trained. Have you any suggestions to make as to what might be done in order to increase the number of dentists that will be available to provide dental service for all the people of Canada?

There is another point, too, on which we would like to have your opinion,

and that is the question of the use of dental nurses on the basis of the service as is presently being provided in New Zealand. From our side of the picture, we hear so much that is good about it, that we were wondering whether anybody in your Association had made a real evaluation of this type of service, as to whether or not it might be suitable, particularly, for some of the poorer scattered rural districts of Canada.

Dr. Hollenberg, the Chairman of the Committee on Economics of the Manitoba Medical Association, made a trip to New Zealand just about a year ago. He made a report in this connection to the Advisory Committee under the Health Service Act in Manitoba, and I quote from his statement in respect to the dental care being given by student dental technicians:

"Dental care is free for children in New Zealand, and this country has overcome its dental problem in a very very good way. It has what is known as student dental technicians, who take a two year course and are then sent to a Central Clinic under the guidance of two or three dentists. They do the children's work and the more difficult work, such as extractions, are done by the dentists. The cleaning and the filling of the ordinary little cavities are done by these girls and it is a very satisfactory service to the children. The dental profession think that it is a wonderful idea."

I understand that training is starting this coming year (if it has not already started) in two of the dental schools of the United States, looking towards the training of such type of personnel. Could we get information, also, as to whether or not this is correct?

I am sure you will have a very good meeting, and I trust that these items that I have suggested for your agenda will receive your usual careful consideration.

With kind regards, I beg to remain,

Yours very truly,

F. W. JACKSON,
F. W. Jackson, M.D., D.P.H., Director,
Health Insurance Studies.

Appendix "B"

COPY

CANADIAN DENTAL ASSOCIATION

211 Huron St., Toronto

Dr. F. W. Jackson,
Director, Health Insurance Studies,
Department of National Health & Welfare,
Jackson Bldg., OTTAWA, Canada.

January 24th, 1950

Dear Dr. Jackson:

Your communication of December 7th has now been carefully considered by our Health Insurance Committee and I make reply in accordance with

HEALTH INSURANCE

the instructions of the Committee. For convenience, the points raised will be discussed individually as follows:

1. Dental Hygienists

Every effort has been made by the Association to bring pressure upon the universities, having dental schools, to establish courses. Courses of training have been formulated and legislation obtained in several of the provinces. In all replies from the universities, lack of finances has been given as the stumbling block.

In view of a meeting of our Council on Dental Education last week, reply to your letter was withheld until this matter could be again discussed from the educational standpoint. All the Deans of the dental schools, with the exception of one, were present. In each case the Dean has endeavoured to establish a course for Dental Hygienists. After due consideration the following resolution was passed:

"That the main obstacle to the immediate commencement of such a course was one of financing instruction, with lack of space a further handicap.

And that these two problems are further handicapped at this time by the insistence of university authorities that budgets be reduced, however, if funds become available at an early date, it is possible that one or two schools could initiate a course beginning September 1950."

Perhaps it is well to point out that the establishment of new courses in universities takes time and that is why the words "at an early date" are used above. The President of our largest university has said that the course would be established, beginning this coming fall provided the Dean of the dental school could find support in his budget which incidently he had been requested to decrease by a stated amount. I am sure you will agree that the position is awkward unless a means of financial support can be found. We feel that our Association has made all possible effort but we assure you that we will continue to do all possible to have courses established.

2. Increasing Number of Dentists

Looking to the future, the Association has taken steps to attract the right type of student into dentistry. The most recent effort has been the publication of a pamphlet entitled "Dentistry as a Career" which is now being distributed. (Copy enclosed.) As a matter of fact, for several years the number of applicants has far exceeded the number who could be admitted with the available facilities and which has had the salutary effect of raising the class of student in the dental schools. In our opinion, keeping the attractiveness of dentistry at a high level is most important for the future. Answering the query as to the increased number necessary has proven difficult because of so many variable factors. From our knowledge of the surveys now taking place in the provinces under the Federal Grant, we believe that

some more definite answer than we have had in the past may become available.

3. Dental Nurses in New Zealand

In consideration of this subject it is well to keep in mind that when this plan was established in New Zealand (1921) treatment was all that was known; today the situation is vastly different. Graduates from our dental schools during the past few years have an entirely different concept of dental service compared to those of twenty or more years ago. The emphasis today is upon prevention and it is essential that the best service possible be rendered where it counts the most. Furthermore, a true dental service for children involves much more than the filling of cavities, in that incipient malformations are present which lead to orthodontic problems and periodontal disease. More teeth are eventually lost through periodontal disease than caries, a fact often lost sight of. In order to practise prevention, a definite knowledge of growth and development is basic and such knowledge can only be acquired through a complete dental course. During recent years, the curricula of dental schools has undergone radical revision in this direction.

The Dental Hygienist fits into the preventive programme admirably as has been proven both in public health programmes and in the dental office. The introduction of the New Zealand nurse idea would most certainly wipe out the hygienists and more disastrously, turn the preventive programmes into a palliative one which in our opinion would be a retrogressive step, from which Canadian dentistry would perhaps never recover.

For many years we have observed carefully the progress of the New Zealand plan with an open mind. We believe that the scheme is one of approaching the end results which is a wrong aim. If, intensified, education toward prevention will accomplish much better results in the long run. We are of the opinion that we have adequate proof for this latter statement.

In respect to the statement contained in your letter taken from Dr. Hollinger's report, we are struck by the comparison of his statements respecting medical services with that for dental services in his complete report. We question his ability to judge the dental question. We know that even some members of the dental profession in Canada, who have not the proper viewpoint, would perhaps gladly shove the problem facing us off on any other shoulders possible. We consider it our responsibility to educate the dental profession to a full realization of the meaning of prevention. This is being accomplished through the course of study for new graduates and other post-graduate activities. We believe that any programme will fail unless the profession at large is carried along with it.

During the last war, figures became available respecting the dental condition of the New Zealand Forces in North Africa. These men grew up under the scheme. We believe the following figures to be accurate. The New Zealand Dental Corps made 8000 dentures for approximately 35000 troops in North Africa in the year immediately after the Japanese entry into

HEALTH INSURANCE

the war when no re-inforcements were being sent to that zone. These included new dentures and replacements. Actually the dental condition was reported to be:

85	out of every	100	wore dentures of some type
40	" " "	100	" one complete denture
20	" " "	100	" full upper and lower dentures
25	" " "	100	" one or two partial dentures.

Many observations can be made respecting these figures but the fact remains that prevention does not appear to be an end result of the New Zealand plan.

4. Experimental Course in United States

A special research project to determine the desirability of increasing the scope of service rendered by dental hygienists has been started by the Massachusetts Department of Public Health. This project is to be of five years duration. The first two years will be devoted to the training of feminine personnel, and the last three will be used as an evaluation period. The project will be carried out at the Forsyth Dental Infirmary for Children, Boston, Mass., under the direction of Dr. Howard M. Marjerison, a member of the Infirmary staff. Though the research will be under the supervision of the state health department, it is to be financed through a grant from the Children's Bureau of the Federal Security Agency. An official announcement of the Massachusetts Department of Public Health said:

For many years the desirability of increasing the scope of the service which auxiliary aids may render in the field of dentistry has been a debatable subject. No evidence however, has been available in the United States to support the contention of various groups concerning this question. In an effort to provide concrete evidence as to the advisability or inadvisability of such a programme this project has been initiated. The Department and the Forsyth Dental Infirmary are approaching this experimental project with an open mind. Careful statistical analysis and all available means of obtaining objective evidence will be utilized during the course of the study in an effort to determine the quantity and quality of dental care that can be performed by auxiliary personnel so trained. A representative group of trainees will be selected from the first-year class of the Forsyth School for Dental Hygienists. As a part of their course of training, the students selected for this project will qualify as dental hygienists as presently defined under the laws of the Commonwealth.

Recently, I discussed this matter with some of the American officials and they stated it to be simply a research project upon which no statement would be made for at least five years.

I have written at some length upon these matters which are all most important to us. However, the statements made are only preliminary to

those which could be made upon each point. I can assure you that we are most anxious to cooperate in every way possible in order to improve dental health.

Thanking you for your cooperation and interest, and trusting that we can be of assistance. I remain,

Yours faithfully,

DON W. GULLETT, D.D.S.,

Secretary,
Canadian Dental Association.

Appendix "D"

PRE-PAYMENT PLAN

A tentative prepayment plan is submitted by your committee for consideration. It includes the following:

1. Exhibit "A"—Subscriber's Dental Service Certificate.
2. Exhibit "B"—Subscriber's Application for Dental Service.
3. Exhibit "C"—Application for Registration as Participating Dentist.
4. Exhibit "D"—By-laws.

In reviewing the provisions of this plan, cognizance must be taken of the fact that local economic conditions would prevent the adoption of a uniform program throughout the country. In other words, it might be advisable to alter to some extent the subscriber's rates, the amount of service provided in the certificate, the age limit and certain provisions of the Charter and By-Laws. In establishing the subscriber's rate, adequate provision should be made for overhead expense and a reasonable contingency fund, and it should be related to present payments by the public for dental services in that area. It is also important to emphasize that the provincial dental legal body will have the responsibility of establishing a fee schedule for the dental services to which the subscriber is entitled under the plan. These matters, of course, are details which can be given consideration as the plans assume a more concrete form.

It would be possible with the statistics available to estimate approximately the cost of treatment, but added to this would be administrative cost, publicity, literature and other details. In order to obtain these a much more detailed study would be required, as they would all vary according to local economic conditions, and should probably be left to the provincial dental legal body.

It will be noted that no attempt has been made by the committee to draw up an application for incorporation under the Companies Act as this would vary in the provinces.

The following recommendations are submitted for your consideration:

1. That the plan be introduced in an area only after a dental health

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educational program has been in operation for some time.

2. That the plan be made available only to groups of ten (10) or over on a pay deduction basis. This would reduce administrative costs greatly.
3. That at a later date when plan is in operation and properly organized, individual applications may be considered, which may be at a higher rate than group applications to defray additional cost of administration and collection.
4. That only children be eligible for treatment under the plan at the beginning. Those up to and including six years of age be accepted with their accumulated dental needs. All those above that age be required to have their accumulated dental requirements (backlog) eliminated before they are eligible under the plan.
It is quite evident from studying the dental requirements of all age groups that any plan that attempted to be responsible for the backlog of treatment required would be too expensive to be attractive. Therefore consideration should be given only to a maintenance program.
5. That all methods which show promise for the prevention of decay should be used by the dentists working under the plan.

The above is submitted on the premise that the practicability of this or any plan should be tested in a given area or areas to be selected by the Canadian Dental Association. Finances to inaugurate such a test could possibly be obtained from various health grants or other provincial sources. It may even be possible to enlist the aid of local dentists. It might be emphasized that the statistical value of a test would provide valuable information not available at present.

It is felt that in the interests of uniformity a model draft should be prepared by the legal adviser of the Canadian Dental Association.

A. T. Roger
A. R. Poag
W. J. McEwen
Dwight Coons
L. V. Janes

Exhibit "A"

DENTAL SERVICE CERTIFICATE

In consideration of the application for this certificate, which is made a part hereof, and the payment of a Registration Fee of One Dollar (\$1.00) and the payment of monthly fees for dependants of subscriber, as stipulated herein, (Provincial) Dental Service Incorporated agree to furnish dental services as provided herein to

HEALTH INSURANCE

the dependants listed on the application for this certificate and accepted by (Provincial) Dental Service.

Subscriber	Dependants		
.....	Name.....	Age.....	
.....	“	“	
.....	“	“	
.....	“	“	
.....	“	“	
Certificate Number.....	Effective Date.....	Group No.....	
Countersigned by	(Provincial Dental Service		
.....			
(Executive Director)	(President)		

(PROVINCIAL) DENTAL SERVICE

Definitions and Benefits

- 1. “Dental Service Certificate”, hereinafter called “the certificate”, together with the application therefor is the contract between (Provincial) Dental Service and the subscriber.
- 2. “Subscriber” is the responsible person named herein on whose application this certificate is issued.
- 3. “Dependent” is one or more persons entitled to dental service other than the subscriber, whose names are listed on the application for the certificate and accepted by (Provincial) Dental Service. Eligible dependents upon spouse and unmarried children under.....years of age dependent upon subscriber for maintenance and support and listed on the application for Dental Service Certificate. (Provincial) Dental Service reserves the right to require reasonable evidence of dependency.
- 4. “Participating Dentist” is a duly licensed dentist with whom the (Provincial) Dental Service has an agreement for the rendering of services provided by this certificate.
- 5. “Effective Date” is the date appearing on the face of this certificate and services as provided herein shall become effective on that date.
- 6. “Certificate year” is the period of twelve (12) months following the effective date and each yearly period thereafter while this certificate is in force.
- 7. “Dental Service” is the service allowed under the terms and conditions of this certificate, such Dental Service to be rendered only by and upon recommendation of a participating dentist of the subscriber’s or dependent’s own choice, except as hereinafter provided for under “Emergency Treatment”.

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The Dental Services included are:

1. Dental examinations—two per calendar year per person protected by this certificate.
2. Cleaning and polishing of teeth—two per calendar year per person protected by this certificate.
3. Removal of teeth.
4. Fillings, amalgam, plastic, silicate, and other cements are used.
5. Emergency treatment for relief of pain.
6. X-Ray Service.
7. Preventive services as authorized.

The following services are not included:

1. Dentures, bridges, inlays, crowns, and orthodontics, general anaesthetics and house or hospital calls.
2. Any services covered by any compensation or employer's liability laws.
3. Dental service for a disease or injury to a subscriber or dependent for which he is confined to his home or to a hospital, or for which he under treatment or anticipates the need for treatment at the time application is made for this certificate.

Emergency Dental Service:

If, in an emergency, while eligible person is outside the area regularly served by (Provincial) Dental Service and not within reasonable access to a participating dentist, services covered by this certificate are rendered by a dentist not registered with (Provincial) Dental Service, it will pay to the dentist rendering such service the then prevailing fee of the (Provincial) Dental Service for such service.

The term "Emergency" service as used herein is defined to mean for relief of pain and evidence of such need must be provided by the dentist rendering the service before payment therefor is made. This provision shall not include services performed outside the area regularly served by participating dentists if the eligible person has left such area for the purpose of obtaining dental treatment or examinations.

Selection of Participating Dentist:

The subscriber or dependents shall have the right to select any participating dentist, and upon being accepted by such participating dentist, shall be subject to the rules and regulations he may have in effect. Participating dentist shall have the right either to decline or accept such eligible persons in accordance with the customs and practice now prevailing in the private practice of dentistry. Nothing contained in this certificate shall interfere with ordinary relationship that exists between a dentist and his patient. (Provincial) Dental Service does not undertake to supply a dentist for subscriber or dependents.

Provision for Change in Rate and Benefits:

(Provincial) Dental Service reserves the right to change the rate and benefits as outlined above on thirty (30) days written notice to the subscriber, such change to become effective on the date fixed in the notice unless the subscriber notifies his employer or (Provincial) Dental Service in writing any time not less than ten (10) days prior to such effective date of the notice of his desire to discontinue the service.

Certificate Year and Termination:

- 1. This certificate shall be for a period of twelve (12) months and is renewed automatically on a year to year basis subject to the right of cancellation by either party as provided in the following paragraph.
- 2. This certificate may be terminated by either the subscriber or (Provincial) Dental Service on Thirty (30) days' written notice with a pro rata refund of any fees paid in advance.
- 3. In the event the subscriber leaves the employ of the group through which he enrolled, this certificate may remain in force until the end of the certificate year, or beyond that time at the discretion of (Provincial) Dental Service provided fees are paid direct to the office of (Provincial) Dental Service quarterly in advance.

Payment of Rate, Term and Forfeiture:

- A. The subscriber agrees to pay (Provincial) Dental Service a registration fee of \$1.00 on acceptance of his application for a Dental Service Certificate, and each month in advance on the monthly date of this certificate, unless otherwise provided, for the type of certificate checked in his application at a rate consistent with local conditions:

Subscriber for one dependent:.....

Subscriber for two or more dependents:.....

- B. Failure of a subscriber to make any payment within ten (10) days after it is due will automatically terminate all rights under this certificate. Indulgence granted at any time or times shall not be construed as a waiver of these conditions.
- C. Neglect or refusal of recommended dental services may forfeit any rights to service under this certificate.

Reinstatement:

In the event of the failure of the subscriber to pay the monthly fees within the grace period outlined herein, this certificate shall be subject to reinstatement at the sole discretion of the (Provincial) Dental Service and upon such terms and conditions as it may determine.

Additional Charges for Services:

Participating dentists shall make no charge to the subscriber and dependents for services herein provided.

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General Conditions:

- 1. When an eligible person applies for dental service, this certificate must be presented to the participating dentist from whom service is requested. (Provincial) Dental Service reserves the right to require reasonable evidence of dependency at time of application for dental service.
- 2. The subscriber hereby agrees that the participating dentist who renders service under the terms of this certificate shall furnish reports to (Provincial) Dental Service (which shall remain confidential) relative to the diagnosis and services given such person entitled to or claiming dental services under the terms of this contract.
- 3. The dental services to be provided under the certificate are for personal benefit of the eligible person and cannot be transferred or assigned; any attempt to assign the contract shall automatically terminate all rights thereunder.
- 4. (Provincial) Dental Service shall not be responsible for any disagreements, misunderstandings or suits at law arising out of the relationship between the participating dentist and the subscriber, or does (Provincial) Dental Service assume the responsibility for suits of malpractice which might arise from such relationship.
- 5. The subscriber hereby takes cognizance and agrees to be bound by the charter any By-laws of (Provincial) Dental Service as they presently exist or as they may hereafter from time to time be amended.
- 6. It is understood that the application submitted by the subscriber and this certificate shall constitute the entire contract between the parties.
- 7. No agent or employee is authorized to vary, add to, or change the certificate as set forth in any manner or degree. The issuance of this certificate cancels all previous certificates and all rights thereunder between the subscriber and (Provincial) Dental Service.

Exhibit "B"

APPLICATION FOR DENTAL SERVICE CERTIFICATE
(PROVINCIAL) DENTAL SERVICE

Full Name
Please print

Date of Birth

Home Address
Please print

I am employed as by

whose address is
and hereby apply for a dental service certificate of the type checked below.

HEALTH INSURANCE

I understand that services as provided therein will become available as of the effective date of my certificate.

I hereby authorize and request my employer, until this authorization is revoked by written notice, to deduct each month from any earned or accrued wages due me, the amount of the monthly service charge as stated in my certificate, and to remit the same to (Provincial) Dental Service, it being understood that I may cancel this authorization by thirty (30) days' written notice to my employer.

I understand and agree that dentists are to furnish reports to (Provincial) Dental Service relative to dental service rendered under the plan. If accepted as a member, I hereby agree to be bound by the Charter and By-laws, Rules and Regulations of (Provincial) Dental Service as presently existing or as they may hereafter from time to time be amended.

Last dental service for my dependents was rendered by Doctor

Address

on approximate date of

Types of Certificate desired Monthly Fee Check One.

A. Employees for One Dependent. []

B. Employees for two or more dependents. []

Dependents included must be listed on reverse side.

Should this application be accepted, I agree to pay the sum of \$1.00 as a Registration Fee.

I also agree to produce proof that all accumulated dental needs have been eliminated, as required by the rules and regulations of the corporation.

I vouch for the accuracy of the information on this and on the reverse side of this application.

.....
Applicant's Signature.

LIST OF DEPENDENTS

NAME OF DEPENDENT (Print)	RELATIONSHIP	DATE OF BIRTH	ADDRESS
.....			
.....			
.....			
.....			

HEALTH INSURANCE

(Provincial) Dental Service reserves the right to require reasonable evidence of dependency.

Exhibit "C"

APPLICATION FOR REGISTRATION AS PARTICIPATING DENTIST
(PROVINCIAL) DENTAL SERVICE

I desire to render service to eligible persons under the plan of the (Provincial) Dental Service, and I hereby apply for registration as a Participating Dentist thereunder.

I am a dentist duly licensed to practice in the Province of _____, a member in good standing of the (Provincial) Dental Legal Body, engaged in active practice, and I hereby agree:

1. To observe and be bound by the Articles of Incorporation, By-laws and Rules and Regulations of the Corporation as now or hereafter in force; to accept as payment in full for all services rendered by me to eligible persons whatever compensation may be allowed therefor by the Corporation out of such funds as may be allocated in the sole discretion of its Board of Trustees, for the payment to Participating Dentists under the plan, to make no direct charge to subscribers for service rendered under the plan except as permitted by the Rules and Regulations and Dental Service Certificate of the Corporation; and to furnish service reports as required by the Corporation.
2. That the service to be rendered under the plan shall be limited to such dental service as is covered by the Corporation's Dental Service Certificate with which I am familiar.
3. That my rights or privileges acquired by me by virtue of this application shall not be assigned except upon written approval of the Corporation; that my relations with the Corporation as a Participating Dentist may be terminated by either party by written notice to the other at least ninety (90) days prior to the effective date, provided, however, that any dental service undertaken for an eligible person shall be completed in accordance with the terms of the subscriber's dental service certificate. Right of termination by the Corporation shall be exercised only by action of its Board of Trustees; and the Corporation's acceptance of this application shall be evidenced by its issuance to me of a Certificate of Registration.

D.D.S.

Date19..... (Signature)

Name (Please print) (Street Address)

(City and Province)

BY-LAWS OF (PROVINCIAL) DENTAL SERVICE INCORPORATED**Article One****Meeting of Members**

Section 1. The Annual Meeting of the Members of (Provincial) Dental Service shall be held at the office of (Provincial) Dental Service in the city of or in such other place or city as the Board of Trustees may determine, in the month of of each year on a day fixed by the Board of Trustees.

Section 2. Special meetings of the members may be called at any time by the President, and shall be called by him on written request of a majority of the Trustees or one-third ($1/3$) of the members of the corporation.

Section 3. Notice of each meeting shall be sent to the members at least ten days previous to the date of the meeting.

Section 4. One-third ($1/3$) of the membership, present in person or represented by proxy shall constitute a quorum. The action of a majority of the members present at any meeting at which there is a quorum shall constitute the action of the members of the (Provincial) Dental Service.

Section 5. Roberts' Rules of Order, when not in conflict with these By-laws, shall govern the parliamentary proceedings of meetings.

Article Two**Board of Trustees**

Section 1. Any other provision to the contrary notwithstanding, the Board of Trustees shall consist of () persons, at least two-thirds ($2/3$) of whom shall be dental members.

Section 2. The Board of Trustees shall, prior to each annual meeting of the members, specify the number of Trustees to be elected at the meeting, provided, however, that at least one-third ($1/3$) of the members of the Board of Trustees shall be elected annually. The term of each Trustee shall be three (3) years, provided that some of the original Trustees may be elected to serve less than three years. Nominations of Trustees shall be made by the Board of Trustees, or by filing with the Secretary a petition signed by at least ten (10) members.

Section 3. The Board of Trustees shall have the power to select persons to fill Board vacancies (whether by reason of death, incapacity or resignation). Any person selected to fill a vacancy shall serve until the next annual meeting of the members.

Section 4. The Board of Trustees shall have supervision and control of the business, property and affairs and management of the corporation, and may exercise all such powers of the corporation and do all such lawful acts and

HEALTH INSURANCE

things as are not by statute or by the Articles required to be exercised or done by the members. Without limiting the generality of the foregoing, the Board shall have authority to make rules and regulations for the conduct of the affairs of the corporation, to decide the scope of the services to be furnished subscribers and conditions thereof, to adopt rates and fee schedules and enter into contract for the rendering of all such services, to incur indebtedness in such amounts and under such terms and conditions as it shall deem necessary and proper, to invest and re-invest all money, funds and securities of the corporation, and to delegate its powers to committees, officers, agents and representatives, and shall have such other powers as may be necessary or expedient to carry out the purpose of the corporation.

Section 5. The Board of Trustees shall hold an annual meeting following the annual meeting of the members of the corporation. Regular meetings shall be held at such time and places as the Board shall determine. Special meetings may be called at any time by the President, and shall be called by him on written request of one-third ($1/3$) of the Trustees.

Section 6. A statement of the general nature of the business to be transacted at any special meeting of the Board of Trustees shall accompany the notice of such meeting, and no business outside of the scope of such statement shall be transacted at such meeting except on affirmative vote of three-fourths ($3/4$) of the Trustees present.

Section 7. A majority of the Trustees shall constitute a quorum for a meeting of the Board of Trustees. The action of a majority of the Trustees present at any meeting at which there is a quorum shall constitute the action of the Board of Trustees. If at any meeting less than a quorum shall be present, a majority of those present may adjourn the meeting from time to time without notice.

Section 8. No compensation shall be paid to any Trustee for services as Trustee, but reimbursement for actual and reasonable expenses may be authorized by the Board.

Article Three

Committees

Section 1. The Board of Trustees may create an Executive Committee which shall consist of the President, Vice-President, Treasurer and such additional Trustees as it may deem necessary. The Executive Committee shall have charge of the management and business affairs of the corporation in the interim between meetings of the Board, except as such power may from time to time be limited by the Board itself; provided the Executive Committee shall not have power to elect members of the Board nor to fill vacancies on the Board.

Section 2. The Board of Trustees may create from the membership of the Board of Trustees a Dental Advisory Committee which shall consist of three

dentists. In accordance with the general policy and subject to the authority of the Board of Trustees and its Executive Committee, the Dental Advisory Committee shall supervise arrangements with dentists concerning participation, fees, and the rendering of services according to the provisions of the dental service plan, and its determinations shall be binding and conclusive on the persons concerned. One member of the Executive Committee shall be a member of the Dental Advisory Committee.

Section 3. The Board of Trustees may from time to time elect from its members other committees which shall consist of such numbers and shall have the powers and perform the duties which the Board shall determine.

Article Four

Officers

Section 1. The Board of Trustees shall annually elect from its membership a President, Vice-President, a Secretary and a Treasurer. The offices of Secretary and Treasurer may be held by one person. The Board shall appoint an Executive Director and such other officers and agents it may deem necessary for the transaction of the business of the corporation. All officers and agents shall respectively have such authority and perform such duties as may be prescribed by the Board of Trustees. Any officer or agent may be removed by the Board of Trustees whenever in its judgment the interests of the corporation will be served thereby. The Board of Trustees may secure the fidelity of any officers or agents by bond or otherwise. The Board of Trustees shall have power to fill any vacancies in any offices occurring from whatever reason.

Section 2. The President, when present, shall preside at all meetings of the members of the corporation and of the Board; shall perform such duties as are required by law or which usually pertain to such office; and shall exercise such other powers and perform such other duties as may be assigned to him by the Board of Trustees.

Section 3. The Vice-President shall perform such duties as may be assigned by the Board of Trustees. The Vice-President shall exercise the powers and perform the duties of the President in the absence or incapacity of the President.

Section 4. The Secretary shall record the minutes of all meetings of the members of the corporation and of the Board of Trustees; shall have the custody of the corporate seal; and in all proper cases shall affix the same to any instrument requiring the seal. The Secretary shall attend to the giving and receiving of all notices of the corporation; and shall perform such other acts as the Board of Trustees may determine.

Section 5. The Treasurer shall have the care and custody of and be responsible for the funds and securities of the corporation. He shall direct the deposits in such bank or banks as the Board of Trustees may designate, and shall disburse the funds in such manner as may be designated by the Board.

HEALTH INSURANCE

He shall keep proper vouchers and a complete record of receipts and disbursements. He shall make an annual report on the finances of the corporation and make such other reports as may from time to time be required by the Board of Trustees.

Section 6. The Executive Director, who shall be selected by and be responsible to the Board of Trustees, shall have immediate supervision of the work of the corporation, including the enrolment of subscribers, the employment and supervision of employees, and the keeping of records. He shall make such reports and attend such meetings as may be required by the Board of Trustees.

Article Five Dental Service

Section 1, Residents of (Province) who respectively fulfil the qualifications specified by the Board of Trustees shall be eligible as subscribers to the respective dental service plan. The Board of Trustees shall adopt dental service certificates embodying such terms and provisions as are deemed appropriate. The Board may specify the limits of the benefits to be furnished and may classify such benefits.

Section 2. Employers, societies, groups and other authorities or agencies may underwrite or contribute in full or in part to the costs of dental care for the benefit of employees, members, or other persons who may become entitled to dental service under the dental service plan.

Section 3. This corporation shall not assume, and no contract or certificate shall impose upon this corporation any liability of a dentist arising from or growing out of the dentist-patient relationship. This corporation shall not assume, and no contract or certificate shall impose upon this corporation, responsibility or liability for any act, negligence or failure to act of any person furnishing dental care to any subscriber, or for the failure of any person or persons to furnish dental care to any subscriber, or shall this corporation for any reason be held to any such responsibility or liability.

Article Six

Section 1. Any dentist licensed and registered under the (Provincial) Dental Act, and who is a member in good standing of the Provincial Dental Association shall be eligible to apply for registration to provide dental services for persons entitled to dental services under any dental service plan of this corporation.

Section 2. Dentists desiring to register with the corporation shall file written application in such form as shall be determined by the Board of Trustees. The Board may also prescribe regulations with reference to payment of a registration fee. The Board of Trustees may, after notice and hearing, permanently or temporarily bar a dentist from the privilege of furnishing dental service under any dental service plan of the corporation if in its

opinion such action is necessary to protect the welfare of the persons entitled to dental service, the dental profession, and/or the (Provincial) Dental Service.

Section 3. A dentist rendering service to a subscriber under a dental service plan of this corporation shall not be entitled to make any direct charge to such subscriber, except as may otherwise be provided in the dental service certificate, the Articles of Incorporation or these By-laws, and shall accept payment from this corporation as full and final payment for services rendered to date of his statement. Dentists' statements for services rendered shall be filed in such form and within such time as may from time to time be required by these By-laws, or the regulations of the Board of Trustees. Compensation to dentists for services rendered under dental service plans of this corporation shall be paid in accordance with these By-laws and the regulations and schedules adopted by the Board of Trustees. The Board of Trustees shall have authority from time to time, in whole or in part, to revise, alter or amend the schedule of rates, benefits and payments for services.

Article Seven

Miscellaneous

Section 1. The Board of Trustees may adopt such rules and regulations not inconsistent with the Articles of Incorporation and these By-Laws as it may be deemed necessary, expedient or proper to further the purpose of the corporation.

Section 2. The Board of Trustees is vested with the authority to interpret and construe these By-laws and any rules and regulations which may be adopted by the Board.

Section 3. These By-Laws may be amended or altered at any meeting of the Board of Trustees by the affirmative vote of two-thirds (2/3) of the Trustees present provided the proposed amendment or alteration was presented in writing to each member of the Board five days in advance of the meeting.

Section 4. The Provincial Dental Services Incorporated shall be organized on a non-profit basis.

Section 5. The Provincial Dental Services Incorporated shall be composed of members of the dental profession in good standing in the province involved and who are participants in the plans.

Appendix "E"

STATEMENT OF DENTAL HEALTH POLICY

1. The Canadian Dental Association recognizes the pressing need for improved dental health and will actively support constructive plans directed toward the eradication of dental diseases.

HEALTH INSURANCE

2. Dental health is an essential part of general health and the eradication of diseased conditions of the mouth structures contributes much to the well being of the individual.
3. Improvement in the dental health of the nation will depend upon a long range programme and a positive approach to the problem. This necessitates a concentration of effort among the youngest age groups of the population.
4. The success of any programme for the betterment of dental health will depend upon an appreciation of dental health by the individual which means consistent and intensive health education at all times.
5. Cooperative effort at the community level produces best results and consequently proper direction and organization is necessary on a community basis.
6. Careful analysis of the cost is imperative. A plan based upon prevention reduces cost in the long run. The individual receiving the service, or those responsible for the individual, should make contribution toward the cost.
7. The Canadian Dental Association stands ready to give advice and assistance in the establishment of equitable programmes.

COMMENT

We wish to commend the Chairman and Committee on Health Insurance for their very carefully prepared report. This Committee is also to be congratulated upon presenting in full detail a Pre-payment Plan for Dental Services.

(Amendments have been made in the original report.)

Resolution

"That the Health Insurance Studies Committee be congratulated on their comprehensive report. Further it is recommended that the Board of Governors give direction for an experiment in a voluntary prepayment plan in dental services as a research project in keeping with the recommendations of the Committee. It is also suggested that three or more areas across Canada be selected for the test program and the information gained be assembled as a possible basis for the setting up of a 'Prepayment Dental Health Services Corporation'.

APPROVED

Probably the most important single factor, which will improve the dental

British Columbia, under the chairmanship of Dr. Gee, has launched on a

In Nova Scotia, the committee under the chairmanship of Dr. Logan,

The Ontario committee this year was busy preparing a survey report

DENTAL PUBLIC HEALTH

be congratulated for this fine effort. Copies of the report are available and may be of some use to other committees throughout the Dominion.

A meeting of our Committee with the class of the D.D.P.H. students at the university, was held towards the end of this term. It seemed to be an excellent opportunity to discuss with these men, who will be leaders in Dental Public Health throughout Canada, the Canadian Dental Association policy. The results were very satisfactory, as the viewpoint of these men is most useful in outlining future programs. Similar meetings should be encouraged in the future anywhere this course is given. An interest from this group (D.D.P.H.) in the formation of a section in the Canadian Public Health Association was evident. This was mentioned at the Canadian Dental Association meeting in Murray Bay, so I think this Board should give its blessing or some go ahead sign to the formation of such a section.

The other provinces, due to my lack of leadership in presenting a constructive program, are in varying stages of progress. Some are just making contacts with the Minister of Health, others are concentrating more on treatment programs. There are few enthusiasts clamoring for information to promote a program, if response to letters is any yardstick. I tried to get an overall picture by sending out a questionnaire of about five questions. The results were discouraging. Some did not even answer. I feel that each board member should feel it his duty to go back to his respective dental representative and acquaint the dentist with the Canadian Dental Association Dental Public Health Plan. What good is a plan if it is not at least tried.

Dr. Gullett turned over to our committee a letter from Dr. H. K. Brown with regards to establishing a general agreement upon a uniform method of measuring prevalence and incidence of caries. This matter is now under consideration but not yet set up for presentation. I just wish to report that this important matter is receiving attention.

I have made some observations which may serve as a summary:

- (1) Careful consideration should be given to material released for publication—that it be factual and that interested groups do not read it or hear it as a surprise. There have been a couple of instances where the public must have been confused from reading varying reports.
- (2) Not considering this year's work too much but from former reports and conversations with other chairmen of this Committee, I feel there should be a revamping of this Committee so there could be a closer relationship between the Chairman and the provincial representative. This could be established by the Chairman working with the board member and he in turn stimulating the provincial representative. Another method would be to have all correspondence come from the Canadian Dental Association office to the provincial representative. The point is the parties should be known to each other.

- (3) My third observation is the importance of this Committee's work to the people of Canada and the Canadian Dental Association. I mentioned earlier in this report that it is hard to carry on Dental Public Health Education work by mail order. This is actually what we are trying to do by our present set up. In order to accomplish anything near our seven-point program men must actually work at the seven-point program. How many on this Board, or our provincial representatives know these seven points? I would not hazard a guess. Dental Public Health must be in your heart before you can put it across to your confreres or the public. There should be some way where the men in the area could be enthused by contact with Dental Public Health programs in operation or else suddenly jolted into seeing the dangers ahead if programs are not undertaken. We need leadership and money. The Dental Public Health gospel must be taken, not sent, into every field.

The day is coming and coming fast when there must be a dentist devoting full time to the work. He must have many qualities, be well trained in Dental Public Health, be a leader capable of stimulating dentists and lay groups to an understanding of this new approach to the dental problem. Such a man will be expensive. I therefore want to impress this Board as to the importance of this matter, conditions are serious, areas where a concentrated effort of an educational program has been carried on prove that the plan works and shows results. If this Board could get past the luke-warm stage, I feel money could be budgeted for a much fuller program. My Committee is not at all satisfied to work along as we are obliged to do under existing conditions. Don't misunderstand me regarding these committee members. They are each and everyone tested and tried Dental Public Health workers but it is just that they cannot see how we can put over a national program going along as we are.

I want to especially thank the Secretary of the Canadian Dental Association and his staff for extra work they had to do for me this year. Dr. Lowery and Dr. Mitton also served beyond the call of duty, as well as all the committee members. Any progress made this year is due to their efforts, for any shortcomings I assume responsibility myself.

Canadian Dental Association SEVEN POINT PROJECT

1. Education of the dentist in accepted dental health teaching.
2. Education of other health workers such as nurses and students in other health professions with respect to Dental Health.
3. Education of lay groups such as Home and School and Adult Education groups, Y.M.C.A., Y.W.C.A. and other similar groups.
4. Preparation of suitable lecture material supplemented by slides and films to assist dentists in dental public health presentations.

DENTAL PUBLIC HEALTH

5. Liaison with Dental Boards of the provinces in respect to supplying education facilities to meet a local dental group need, e.g., professional instruction to a dental group preparing them to meet a public demand for service which has been stimulated by public dental health education.
6. Preparation of dental health pamphlets, charts, etc., for purposes of dental health education of the public.
7. Organization, planning and completion of surveys to establish reliable information on dental service needs.

COMMENT AND RECOMMENDATIONS

(The amendments made have been inserted in the original report.)

It is recommended that appreciation be extended to the Dental Division, Department of National Health & Welfare, for cooperation with the C.D.A. in the preparation and evaluation of Dental Health Educational material.

It is noted with satisfaction that progress reports are in from Dental Public Health programs in B.C., Nova Scotia, Ontario and other provinces.

It is recommended that representatives of corporate bodies, bring to the attention of Provincial Dental Public Health committee chairmen, the difficulties encountered by the C.D.A. Dental Public Health Committee in receiving answer to correspondence regarding Dental Public Health activities.

We endorse paragraph 6. and recommend that the Board of Governors take steps to communicate this action to the Canadian Public Health Association.

We endorse the ideas brought forward in paragraph 10 and recommend that matter be referred to the Executive Committee, of the Board of Governors for decision because the question involved is far reaching.

APPROVED

RESEARCH COMMITTEE: W. G. McINTOSH, Chairman, Toronto, Ont.; R. G. ELLIS, Toronto, Ont.; J. P. McGUIGAN, Halifax, N.S.; J. H. JOHNSON, Toronto, Ont.; G. H. W. LUCAS, Toronto, Ont.; H. R. MacLEAN, Edmonton, Alta.; A. G. RACEY, Montreal, P.Q.; J. J. RAE, Toronto, Ont.; R. H. McDOUGALL, Victoria, B.C.; G. de MONTIGNY, Montreal, P.Q.; C. H. M. WILLIAMS, Toronto, Ont.; F. C. HUSBAND, Toronto, Ont.; R. J. GODFREY, Toronto, Ont.

REPORT

1. General Activities

The Research Committee has again this year been active in encouraging dental personnel to continue their studies in the basic sciences and research procedures, by offering "Studentships".

In addition an attempt has been made to cooperate with the Department of National Health and Welfare at Ottawa, in respect to certain requests submitted by the Food and Drug Division of that Department.

2. Change in Personnel

Dr. J. P. McGuigan of Halifax and Dr. R. H. McDougall of Victoria have been appointed to the membership of the Committee. They replace Drs. J. S. Bagnall and H. M. Cline. The Committee regrets the loss of the two former members and is pleased to welcome the two new men.

3. Publicity

The Journal has been most cooperative in publishing announcements concerning the "Studentships" in selected issues.

The Deans of the dental schools as well as the provincial registrars, including the registrar of Newfoundland, have been mailed the "Regulations governing the Award of Studentships" and Studentship Application Forms. These forms were accompanied by a letter which mentioned some of the subjects that four young Canadian dentists are at present studying in the States under the sponsorship of the Canadian Dental Association, and which asked that this information be brought to the attention of the students and graduates who might be interested in further study.

4. Studentship Grantees

In the past two years five dentists have received Studentship grants. Three are now staff members of dental faculties in Canada; the other two are continuing their studies in the States.

Dr. Roland Gendron is in the Department of Periodontology at the University of Montreal; Dr. J. R. Fletcher and Dr. J. B. Macdonald are with the Faculty of Dentistry, University of Toronto in the departments of dental

RESEARCH

materials, and bacteriology respectively. These men are all contributing to Canadian dentistry through their activities in teaching, research and private practice.

Dr. Gordon Nikiforuk has remained for a second year at the University of Illinois studying Biochemistry and Pedodontics, and Dr. R. D. Coleman is still at the University of California working in the Department of Oral Medicine under Dr. Herman Becks.

5. Studentship Applications, 1949-1950

Five applications have been received during this period for funds amounting to \$5200. Grants were made totalling \$2300.00.

Dr. K. J. Paynter, Toronto 1944, Married, age 31, in general practice in Ottawa since graduating, received a Kellogg Fellowship for a year's post-graduate work in Dental Anatomy and Histology at Columbia University in New York. The Committee awarded Dr. Paynter an additional \$100.00 per month for the ten academic months.

Dr. M. J. Gibson, Toronto 1947, married, age 33, has for the past two years been an associate in the Department of Dental Oral Surgery, at the Faculty of Dentistry, University of Toronto. Dr. Gibson has received an internship for two and a half years post-graduate study in the field of dental oral surgery under the direction of Dr. Bellinger at the Henry Ford Hospital, in Detroit. To supplement \$170. per month provided by the internship, the Committee awarded Dr. Gibson \$1100. for living expenses and supplies.

Dr. Gordon Nikiforuk, Toronto, 1947, single, age 28, who has been doing post-graduate work at the University of Illinois in Paedodontics and Biochemistry for the past two years on a Kellogg Fellowship, and who did receive a Studentship Grant in 1949 (\$300) applied for \$200. to help defray living expenses and the cost of supplies for this academic year. This application was approved.

Dr. [redacted], Toronto, 1949, married, age 26, applied for \$1100. tuition and living expenses to study Biochemistry, Biometrics and statistics at the University of Toronto on a half-time basis, while engaging in private practice the remaining half-time. The Committee informed Dr. [redacted] that it will be pleased to reconsider his application if evidence of financial need can be established.

Dr. [redacted], Toronto, 1949, married, age 25, applied for \$2900. for the first year of a 3 year training period in oral and maxillo-facial surgery at the School of Dentistry, Washington University, Saint Louis, M.O. The Committee did not approve Dr. [redacted] application on the grounds that it did not comply with the stated purpose of a 'Studentship' grant.

6. Dentifrice Advertising

Several communications were received from the Inspection Services, Food and Drug Division, Department of National Health and Welfare, concerning

advertised claims for dentifrices. The Department believes that in some cases the claims were at least over-optimistic and likely to create an erroneous impression in the mind of the reader. It is of the opinion that some positive action should be taken to require a modification of these claims and wants to know if it has the support of the Canadian Dental Association in taking this action.

Mr. R. D. Whitmore, Chief of the Inspection Services, Food and Drug Division, Department of National Health and Welfare, and Mr. W. A. Crandall, assistant chief, met with the Committee and reviewed some of the back-ground in connection with the advertising of dentifrices in Canada and then explained the controls their Department wishes to exert over dental advertising. In brief, they want to eliminate all advertising that is likely to create erroneous impressions in the mind of the public. If court action was taken against a company, it would be necessary to prove that the advertised statements concerning a specific product created an erroneous impression, were unjustifiable or were premature. In a court case, one or two experts (dental) witnesses would be needed and the Committee was asked if they would be willing to supply witnesses.

The Committee believes that in the best interests of the public and the dental profession in Canada, that the C.D.A. should take a stand against undesirable dental advertising and should therefore be willing to supply the expert witnesses when needed.

7. Undesirable Dental Preparations

During the meeting at which the representatives of the Food and Drug Division were present, Dr. C. H. M. Williams presented evidence concerning the harmful effects of one of the 'stain removing' dental preparations that is at present on the market. Mr. Whitmore agreed to take this evidence back to Ottawa and to investigate the possibilities of preventing the sale of this preparation in Canada.

8. Guide for Manufacturers and Advertisers

The Department of National Health and Welfare, Food and Drug Division, Inspection Services Branch submitted to the Research Committee a draft of a guide for manufacturers and advertisers, which is intended to express the view of the Department in interpreting and administering the Food and Drugs Act and the Food and Drug Regulations where advertising and labelling are concerned. As this was a lengthy paper, and not suitable for discussion in committee, it was handed out to only a few members of the Committee and their observations and comments were drafted into a letter and forwarded through the Secretary's office to the Food and Drug Division.

9. Nitrous Oxide and Oxygen Gas Anaesthetic Machines

Two research projects, one conducted at the University of Toronto and

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the other in the Food and Drug Division of the Department of National Health and Welfare at Ottawa, have disclosed that there is frequently a large degree of error in the percentage readings of the gases on the gauges of the gas anaesthetic machines now in use in Canada.

The Food and Drug Division of the Department of National Health and Welfare asked the advice of the Research Committee as to any action that should be taken under the Food and Drugs Act to protect the user of such machines and the patient from unnecessary hazards due to inaccuracy of the indicators, and sent a representative, Dr. Pugsley, to discuss the matter with the Committee.

The opinion of the Committee was expressed in the motion: "That the manufacturers of nitrous oxide, oxygen, anaesthetic equipment as sold in Canada be advised by the Department of National Health and Welfare that their apparatus has been found to produce such variations in percentage output as to be not only difficult to operate but might also be hazardous to the life of the patient; and that the manufacturers be requested to supply full details as to the nature of the regulatory apparatus of their respective machines and the accuracy of the percentage output as recorded on the gauges, of these machines".

10. Dental Research in Canada

During the past year a number of Canadians have been active in the field of dental research. Some of the projects that have been undertaken are as follows:

- (a) DR. J. S. BAGNALL, Dalhousie University, completed his investigation and critical report on dental caries research. The Committee wishes to express its appreciation to the National Research Council for making "Trends in Caries Research", prepared by Dr. Bagnall, available to the dental profession.
- (b) DR. H. K. BOX, University of Toronto, continues his research work in the field of Periodontia with up-to-the-minute reports appearing from time to time in the current literature. One of Dr. Box's latest contributions is on the histopathology and significance of the gingival clefts and associated tracts. He concludes that they are fundamental to periodical disease and worthy of much more attention than has been given them. New York State Dental Journal Vol. 16, January, 1950. He is at present investigating the histopathology of post extraction areas.
- (c) DR. H. K. BROWN, Department of National Health and Welfare, has taken over the direction of the study initiated by Dr. A. D. A. Mason at Brantford on the effects to the teeth of children, of adding sodium fluoride to the water supply. The studies have been extended to include children from Sarnia and Stratford.
- (d) DR. ROBERT BROWN, University of Toronto, devised a method by which the area of the root surface of extracted teeth could be measured. The

measurements given by Dr. Brown are an aid in interpreting the attachment afforded by the various shapes and sizes of roots. Reported in the *Journal of the Canadian Dental Association*—February, 1950.

- (e) DR. MARGARET CURRIE, Toronto, is conducting experiments on rats in an effort to show the penetration and duration of ionic medication. The object of these experiments is to provide evidence concerning the value of ionization as a means of tissue sterilization.
- (f) DR. J. K. W. FERGUSON, University of Toronto, has investigated a number of local anaesthetics for small nerve-block. In his studies epinephrine 1: 100,000 was found to have remarkably little effect in prolonging the action of the anaesthetic. A concentration of 1: 20,000 was no better. Reported to N.R.C. March 1950.
- (g) DR. J. FLETCHER, University of Toronto, who is a former studentship grantee, is continuing his investigations concerning the accuracy of various restorative materials in relation to the different types of cavity preparation. Dr. Fletcher has devised a lot of his own apparatus for these experiments. He hopes to develop principles for cavity preparation that will improve the accuracy of restorative dentistry.
- (h) DR. BRUCE HORD, University of Toronto, applied 2% sodium fluoride solutions to teeth of dogs and found an increase in the surface hardness of 13% and an increase of 179.4% in calcium fluoride content of the enamel. He is also studying the possibilities of premature aging of dentin by means of a cavity lining containing paraformaldehyde. To be published in the *J.D.R.*
- (i) DR. R. A. HUGILL, University of Toronto, has been trying experimentally to artificially produce dental caries in vitro. He has produced evidence on the part played by acids and enzymes in the caries process and also has investigated the effects of certain protective substances which tend to inhibit the destruction of the tooth surface. Reported to the N.R.C. March 1950.
- (j) DR. HARRY HUNTER, University of Toronto, investigated the effects of protein deficiencies on the dental tissues of rats and found a remarkable degree of normalcy in spite of severe depletions. *J.D.R.* Vol. 29. 73-86, February, 1950.
- (k) DR. C. P. LEBLOND, McGill University, studied the entry of phosphate and carbonate salts into teeth as shown with the help of radio-phosphorus and radio carbon. It is possible that the results will offer a new approach to physiological and pathological problems of bones and teeth. There are two articles from this work to be published.
 - (1) "Radio-autographic visualization of bone formation in the rat."
 - (2) "Mineralization of the growing tooth as shown by radio phosphorus autographs."

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- (l) DR. W. J. LINGHORNE, University of Toronto, working with dogs has demonstrated the reattachment of the soft tissues of the periodontium to the tooth associated with new cementum formation. This study is being reported in J.D.R. He has also demonstrated and is continuing work on the regrowth of alveolar bone after its surgical removal following the detachment of the soft tissues and also on the reattachment of the soft tissues and regrowth of bone following the experimental production of a periodontal pocket. This work is being done at the Banting Institute in Toronto.
- (m) DR. ROBERT LO, University of Toronto, studied the normal sequence of eruption of the permanent dentition. He showed that when certain eruption patterns are observed, even before the teeth completely erupt into the oral cavity, they are indicative of malocclusion which will be seen clinically at a later date. To be published.
- (n) DR. J. B. MACDONALD, University of Toronto, working with Dr. T. Rosebury and others at Columbia University, made a bacteriological survey of gingival scrapings from periodontal infections. They found the flora is complex and characteristic for all the periodontal diseases investigated and that the flora of diseased gingivae differs from that of normal gingivae mainly in numbers. They also developed media and methods for separation and cultivation of oral spirochetes. These studies are now being prepared for publication. Dr. Macdonald did this work while studying in the States with the aid of C.D.A. Studentship grant.
- (o) DR. H. R. MCLEAN, Miss D. E. R. Coggles and O. J. Walker, University of Alberta, investigated the effects of certain chemicals on materials in appliances used in prosthetic dentistry. J.C.D.A. February 1950.
- (p) DR. C. H. MOSES, Toronto, has conducted studies on the synovial fluid and synovial membranes of the temporo-mandibular joints of rats. This was a lengthy histological study and is reported in Dental Items of Interest Vol. 71, August 1949.
- (q) DR. ROBERT MOYERS, University of Toronto, recently completed studies on the electrical changes that take place in the muscles of mastication during movement at the temporomandibular joint. By the mechanism developed, the muscles that are responsible for each of the various movements of the mandible can be determined. These studies won for Dr. Moyers the annual prize of the American Association of Orthodontists. To be published in Amer. Jour. of Orthodontics.
- (r) DR. A. G. NUTLAY and DR. J. W. ABBISS, Halifax, are making a histological study of tooth germ development, both intra and extra alveolar, with a survey of the pathological changes in the developing tooth.
- (s) MAJOR E. C. PURDY, R.C.D.C., submitted a final report to the Dental Associate Committee of the NRC., on the investigation made by the

Dental Corps on the effect of decreased barometric pressures on the oral tissues.

- (t) DR. J. J. RAE and C. T. CLEGG, University of Toronto, attempted to see if there was a relation between the buffering capacity, viscosity and lactobacillus count of the saliva. They were unable to show any very definite positive rank correlation. J.D.R. VOL. 28-589-593, December, 1949. Dr. Rae is also supervising studies of the chemical mechanisms involved in caries.
- (u) DR. NORMA FORD WALKER and DR. LIU, Toronto, have studied the closure of space following premature loss of deciduous teeth and from their studies have formed the opinion that if premature loss of deciduous teeth is a cause of malocclusion, it may have certain hereditary factors which control the loss of space. Reported to the N.R.C. March 1950.
- (v) DR. DAVID WATT, University of Toronto, studied the effects of the physical consistency of food on the supporting structures of the teeth of rats. The animals on the hard diet developed heavier and larger mandibles than those on an equally nutritive diet that was fed in the form of a mash. Further the gingivae of the hard diet animals was covered with a thick layer of keratin with no inflammatory changes in the lamina propria while the soft diet animals exhibited a thinner keratin layer with inflammation. A full report will appear in Oral Surgery, Oral Medicine and Oral Pathology.
- (w) DR. A. E. R. WESTMAN, Toronto, is directing a study on the toxicity of acrylic fillings on the vital pulps of teeth, and also on the preparation of acrylic resins of varying composition to obtain the required physical properties.
- (x) DR. CHARLOTTE WHITNEY, University of Toronto, conducted tests on extracted teeth to show the effect on enamel of the topical application of some of the dental preparations sold as cleaning agents. At least one of the preparations, dissolved the enamel very rapidly when applied to the enamel surface. Reported to the Research Committee of the C.D.A. February, 1950.
- (y) After the preparation of the above list in alphabetical order, the following additional research topics were submitted.
 - (1) DR. A. SENECAI, University of Montreal: "The use of Absorbable Hemostatic Agents in Conjunction with Antibiotics in Bone Cavities".
 - (2) DR. P. P. BLANC, University of Montreal: "Residual Cysts—Study on Epithelial Lining".
 - (3) DR. H. M. ROBICHAUD and DR. J. P. TROTTIER, University of Montreal: "Study on Results Produced by Different Casting Techniques". (Study still in progress)
 - (4) DR. J. A. RENAUD, University of Montreal: "Pulp Capping on

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Permanent and Deciduous Teeth, with Hydroxyde Calcium and Sulfanilamide". (Part of the experiment published)

- (5) DR. H. DESCHENES, University of Montreal: "Resins in Operative Dentistry". (Study still in progress)
- (6) DR. J. P. LUSSIER and DR. ANTOINE D'IOLO, University of Montreal: "Studies of Calcium Metabolism in Tooth with the Aid of CA 45".
- (7) DR. R. GENDRON, University of Montreal: "Desquamative Gingivitis in Relation to Estrogenic and Androgenic Deficiencies". (Research still in progress)
- (8) DR. JEAN NADEAU and DR. CAMILLE PATENAUDE, University of Montreal: "Vitallium Reimplantations". (Experiment in progress)

11. Financial Statement

The balance in the trust fund established for the Research Committee, is at the present time approximately \$5,500. This year \$5,200. was applied for by Canadian dentists who are interested in improving their training in the basic sciences. Had the applications all been satisfactory, the Committee would now find itself in the embarrassing position of 'no funds'.

The preceding list of Researches provides ample evidence that Canadian dentists can and are contributing to dental progress through their research efforts. The more dentists that are trained for this work the greater will be the achievements of Canadian Dentistry. It should therefore not only be a duty but a privilege for the C.D.A. to continue supporting this most worthy cause.

For the coming year your Committee seeks financial assistance to the sum of \$3,000.00.

COMMENT

We commend the Research Committee on an excellent report and express our pleasure and satisfaction with the amount and quality of research work in progress.

We endorse the last paragraph of section 6.

The Committee is to be congratulated upon the close cooperation which exists between it and the Food & Drug Division of the Department of National Health & Welfare.

APPROVED

REPORT OF THE CANADIAN DENTAL RESEARCH FOUNDATION

It is my privilege to present the following report.

Following the resolution made at the last C.D.A. meeting of the Board of Governors (Appendix "A"), the executive of the Canadian Dental Research

Foundation made the proposal (Appendix "B") to the executive of the Canadian Dental Association.

Appendix "C" is the reply made by the Canadian Dental Association to Appendix "B".

The Executive of the Canadian Dental Research Foundation wishes to again bring to your attention:

1. That it is most desirous of making available to the Research Committee of the Canadian Dental Association, the monies resulting from the Memorial Fund.
2. That it is definitely opposed to surrendering the Charter because,
 - (a) The Foundation under a charter protects the principle monies
 - (b) The Foundation organized under a federal charter is already set up for raising of funds.
 - (c) The monies donated to such a Foundation are tax free.

The Canadian Dental Research Foundation is having a board meeting on Monday, May 15, 1950 and would be pleased to consider any further proposals that the Canadian Dental Association may care to present.

It is sincerely hoped that these minor differences may be solved and that the Canadian Dental Research Foundation will become a fund raising organization for dental research under the Canadian Dental Association.

Respectfully submitted,

A. D. A. MASON,

President.

DOUGLAS TANNER,

Secretary-Treasurer.

Appendix "A"

RESOLUTION

"That the Executive Committee of the C.D.A. explore the possibilities of amalgamating the activities of the Canadian Dental Research Foundation and the C.D.A. Research Committee."

APPROVED BY THE BOARD.

Appendix "B"

CANADIAN DENTAL RESEARCH FOUNDATION

WHEREAS, the Canadian Dental Association and Canadian Dental Research Foundation have expressed themselves that a closer cooperation should exist between the two bodies, the Executive of the Canadian Dental Research Foundation submit the following suggestions for deliberation.

RESEARCH

1. The Canadian Dental Research Foundation shall remain a corporate body as set out under its Federal Charter.
2. As the President and Secretary of the Canadian Dental Association are already members of the Canadian Dental Association Research Committee and the Executive of the Canadian Dental Research Foundation, it is proposed that the Chairman of the Canadian Dental Association Research Committee be automatically a member of the Canadian Dental Research Foundation executive: that the President of the Canadian Dental Research Foundation be an ex-officio member of the Board of the Canadian Dental Association and also a member of the Canadian Dental Association Research Committee.
3. As the policy of the Canadian Dental Research Foundation in the past has been confined to the publication of research developments in bulletin form, it is suggested that more emphasis be placed in other directions, such as the training of research personnel and the procuring of research equipment.
4. In consideration of the financial support provided by the Canadian Dental Research Foundation, the Canadian Dental Association shall provide secretarial service for the Canadian Dental Research Foundation.

Appendix "C"

1. THAT the Canadian Dental Research Foundation be commended for their valuable contribution to Canadian dentistry, viz. the establishment of a war memorial endowment fund, and by means of which they have provided very valuable research information to the profession.
2. THAT by reason of the fact that the C.D.A. has now arrived at a position whereby it can assume the responsibility of administering the said fund, the ideal arrangement would be the surrender of the charter under which the C.D.R.F. operates and the transfer of any monies now in this account to the C.D.A.
3. THAT in our considered opinion the spirit of the charter could and would be administered by the Research Committee of the C.D.A.
4. THAT the C.D.A. undertakes to carry out the original intention and undertaking of the Canadian Dental Research Foundation.

RECOMMENDATIONS

The committee appointed to consider the report of the Canadian Dental Research Foundation agree with the principles contained in the report of the Canadian Dental Research Foundation and submit the following recommendations:

- (1) That the Charter held by the Canadian Dental Research Foundation be retained by the Research Committee of the C.D.A.

- (2) That the C.D.A. recognize a single Research Committee comprising representatives of both the present Research Committee and the Canadian Dental Research Foundation.
- (3) That a subcommittee of the Research Committee be designated an Executive group to administer the Charter of the Canadian Dental Research Foundation.
- (4) That the C.D.A. undertakes to carry out the original intention and undertaking of the Canadian Dental Research Foundation.
- (5) That these recommendations be submitted for the consideration of the Canadian Dental Research Foundation at its Board meeting on Monday May 15, 1950.

Resolutions

“That the Research Committee of the C.D.A. be enlarged by two members.”

(carried unanimously)

“That the Canadian Dental Research Foundation be asked to name two of their members for appointment to the Research Committee of the C.D.A.”

APPROVED

HOSPITAL DENTAL SERVICES COMMITTEE: DOUGLAS M. TANNER, Chairman, Toronto, Ont.; W. S. MADIL, Toronto, Ont.; E. C. VEITCH, Toronto, Ont.; HAMILTON SIMMONS, Vancouver, B.C.; T. I. GUILDBORD, Montreal, P.Q.; G. A. BUCHANAN, Winnipeg, Man.; J. M. CHAMARD, Montreal, P.Q.; JOHN CLAY, Calgary, Alta.; G. de MONTIGNY, Montreal P.Q.

REPORT

It is our pleasure to present the following report:

The Committee on Hospital Dental Services have during the past year studied the following problems:

1. Procedures on the admission and treatment of dental patients in hospital. Appendix A. is submitted for your consideration and approval, being a treatise on the procedures concerning the admission and treatment of dental patients in hospital.
2. Equipment and instruments required in hospital dental services. Appendix "B" is submitted for your consideration and approval being a compilation of equipment and instruments required in setting-up a hospital dental service.
3. The legal professional status concerning the admission and discharge of private patients to hospital by dentists.

Regarding the legal and professional status of dentists admitting and discharging private patients to hospital there is some diversity in opinion. The Medical Advisory Board of the Toronto General Hospital (which is the largest teaching hospital in Canada) gives full approval to a change in the Ontario Hospital Act, making it legal for dentists to admit and discharge private patients to hospital for dental treatment. (However, some other Toronto hospitals will not make a definite statement.)

The Toronto General Hospital suggests that the main hospitals in a province should approve such a change and then for the C.D.A. to approach the provincial government for the change. In other words, should we ask for this change in the Hospital Act and with no opposition from the major hospitals, the change would be well entertained.

The Committee has recommended that the following situation be brought to the attention of the Council on Dental Education for consideration and direction to the dental profession.

"Every dentist on a hospital staff well realizes that some dentists are inclined to refer post-operative complications to physicians or emergency departments of hospitals without first endeavouring to treat the post-operative complication. This procedure is most unethical and tends to bring discredit to our profession."

The Committee feels strongly in this matter and recommends to the

Council on Dental Education that strong measures be taken to correct this procedure.

Recommendations: That Appendices "A" and "B" be approved and published for the information of the profession.

PROCEDURES for the ADMISSION AND TREATMENT of DENTAL PATIENTS IN HOSPITAL

This presentation is designed to explain hospital routine to the dental profession. Procedures vary in different hospitals, but fundamentally they are the same and by careful enquiry errors may be avoided.

The advantages of hospitalizing patients are many and readily appreciated, particularly wherein the "surgical risk" is high; major dental surgery to be performed or where the possibility of post-operative sequels exist, make the case difficult to treat in the dental office. Dental treatment is performed in hospital under aseptic conditions and with the advantage of nursing care. Every facility for the diagnosis and treatment of the patient is available and medical cooperation can be readily obtained.

In the administration of general anaesthetics wherein any risk is foreseen, preventive measures and emergency treatment are also readily available in hospital. In highly nervous patients, strong pre-operative sedatives may be given to allay fear and apprehension and the post-operative complications are minimized.

The public have accepted dentistry as a health service, therefore, it should be more common practice for the dentist to use the facilities of a hospital.

THE ADMISSION OF PRIVATE PATIENTS AND PR-OPERATIVE PROCEDURES

In many provinces, the Hospital Act does not permit the admission and discharge of private patients to hospital by dentists. It is anticipated that in the near future this situation will be corrected. In the meantime, due to the shortage of beds, it is difficult for any dentist without a hospital appointment to admit private patients. However, if one enjoys this privilege, the following steps should be taken.

Contact "Private Admitting" at the hospital and arrange for the type of room desired by the patient, state the diagnosis of the case and if necessary, arrange for time in the operating room. When special nursing care is required, "Private Admitting" will arrange for special nurses. Also arrange for any x-rays, laboratory tests, etc., which may be required for the patient.

HOSPITAL DENTAL SERVICES

If a general anaesthetic is to be given, consult with the anaesthetist, explain the nature of the operation and the anticipated length of time.

It is good practice to inform the physician that his patient is being admitted to hospital. If the patient hasn't a physician, contact the senior houseman of that particular service of the hospital and request that he give the patient a medical examination.

The patient should report for admission the afternoon preceding any operation. It is customary for the dentist to see the patient soon after admission to reassure him and allay his fears. If difficulties are anticipated, they should be explained, either to the patient or to close relatives. Explain the case to the nurse in charge of the floor and leave written instructions as to nursing care, diet and the necessary drugs. The prescribing of pre-operative sedatives is usually done by the anaesthetist. The patient must sign a "consent to operation" form, and if a minor, it must be signed by a parent or guardian.

On the evening before the operation, send to the operating room any instruments you may require so that they may be sterilized. This is a recommended procedure, because hospitals as a rule, are not completely equipped with dental instruments and each operator favours certain types.

OPERATING ROOM PROCEDURE

The patient should be seen shortly before the operation. Proceed to the locker room and change from your street clothes to white jacket and trousers. If no pockets exist in the white suits, as is often the case, carry your money and keys in your shoe. From the operation notice board, ascertain to which operating room you have been assigned. Proceed to the adjoining scrub room and put on a white cap and a mask. You may then go into the operating room, see the operating room nurse and inform her as to your requirements in respect to further instruments and supplies and whether or not you will require an aseptic nurse for an assistant. You should discuss with the anaesthetist: the anaesthetic, the method of intubation and the operative procedure.

When the anaesthetist begins to administer the anaesthetic, return to the scrub room, remove rings and wrist watch and scrub with soap, water and nail brush, the hands, finger nails and arms for five minutes. From now on you must touch nothing that is not sterile. The hands are now sprayed or wiped with alcohol.

Proceed to the operating room and dry your hands on a sterile towel which will be laid out with the rubber gloves. Pick up the sterile gown provided, slip into it and turn so that it may be laced up the back by one of the assistant nurses. Powder the hands well with the sterile powder accompanying the gloves and pick up the right glove by the left hand on its inner surface and pull it over your right hand. Slip the right hand under the cuff of the left rubber glove and proceed to pull it over the left hand. If there is a mid

waist tie on the gown, untie it, swing it around and tie it in front. Until operating time, keep the hands clasped, stay out of the way, and touch nothing that is not sterile.

A "scrub nurse" will drape the patient's body and head so that only the mouth is exposed. The mayo stand will be placed in an accessible position, usually across the patient's body. Keep the tray neat and tidy by discarding sponges, extracted teeth etc., into a receptacle which gives an opportunity for a post-operative inventory. When you have finished the operation, inform the anaesthetist, see that the mouth is clean, free of foreign objects and that hemorrhage is under control. Place a "snap" on the throat pack for its easy removal by the anaesthetist.

Remove rubber gloves and operating gown but retain the mask and cap until retirement from the operating room. Sign the "surgical record". Proceed to the floor supervisor's office and on the patient's chart, record a history of the case, diagnosis and description of the operation or treatment. In the Doctors Order Book sign for post-operative drugs, nursing care, diet, etc. Before leaving the hospital, visit the patient and note any post-operative complications and take the necessary precautionary measures. Reassure the patient's family regularly and before proceeding to his room examine the case history. When the patient has recovered, inform him when he will be discharged from hospital, inform the nurse in charge of the floor and sign the necessary discharge papers.

No where is the dental profession under such close scrutiny as it is in a hospital. Therefore, it is well to practice the following principles:

1. Care for your patient as you would wish to be cared for.
2. Seek close cooperation with the patient's physician.
3. Cooperate fully with members of the hospital staff.
4. Consult with the nurse in charge.
5. Practice strict aseptic routine.
6. When in doubt, ask, don't encourage mistakes by ignorance.
7. Never hesitate to advise consultation for the welfare of the patient.

ADMISSION OF PATIENTS TO PUBLIC WARDS

When a patient is admitted to a public ward, treatment can be rendered only by members of the hospital staff. Therefore, admissions to the public ward should be made through the Dental Department, or in hospitals where no dentist is on the staff, through "Public Admitting". A short history of the case, x-rays, treatment record and any other pertinent information should be furnished at the time of admission. The hospital dentist will examine and if necessary, have the patient admitted to hospital, treat the case and send a post-operative report to the referring dentist.

HOSPITAL DENTAL SERVICES

EQUIPMENT AND INSTRUMENTS FOR A HOSPITAL DENTAL SERVICE

Equipment and instruments are listed under the various branches of dentistry and may be augmented or deleted according to the size and scope of the dental service.

1. Recovery Room

bedside table	mirror	table lamp
chair	sanitary waste receptacle	towel dispenser
couch	soap dispenser	wash basin, (water, drain)
electric fan	storage, built in	

2. Scrub Room

dispenser, alcohol,	mirror, over scrub sink
foot control dispenser, soap,	nail brushes
foot control jars,	scrub sink 2' 6" x 5' (water, drain, knee control)
for caps and masks laundry, basket	shelf over sink

3. Dental Oral Surgery

dispenser soap, foot control	sani can, sterilizer
dental chair	stands, drum for surgical dressings with foot control and extra drums
dressing jars	stand,
laundry receptacle	Mayo and trays 12½" x 19" x ¾"
operating table	
portable dental engine	

basins, kidney	file, bone
chisels, hand coupland	forceps, tongue
chisels, bone gardner	forceps, soft tissue
curettes	haemostats, straight & curved
drills, surgical	holder, needle
elevators, perioseal	impactor, hand, bone
straight	mirrors, mouth with handles
	mallett, surgical
gooseneck	needles, suture, light fistula
Crane spear	pliers, cotton
hospital pattern R & L	rongeurs, bone
apexo	retractors, tissue, Austin pattern
Potts	scapels, Bard Parker
forceps, upper anterior	scissors, surgical
upper molar	syringes, Cook type with needles
lower anterior	syringes, water all metal
lower molar	tongs, instrument
upper bayonet root	tongs, dressing.
cowhorn	

4. X-ray

dental chair
dispenser, film
film receptacle

protective screen
view box
x-ray machine

5. Prosthodontics

cabinet
dental chair
dispenser, soap
nail brushes and jars
operating light
operating room light

operating stool
sani can
sterilizer
towel rack
unit, dental (water, gas, drain,
compressed air)
x-ray view box

blower, chip
bowl plaster
cups, paper
cups, dispenser
dentimeter #2
explorers
guides, shade
holders, napkin
heater, electric for compound
instruments, plastic

knife, for cutting compound
mirror, mouth with handles
mirror, hand
mandrels
pliers, cotton
spatula, plaster
spatula, wax
syringe, water
syringe, hydrocolloids

6. Orthodontics

band pushers
band, drivers Swinehart
band drivers, molar
burnisher, round headed
burnishers, serrated
banding, flexible
brushes, wire, mounted, fine steel
brushes, bristle, cup R.A. & H.P.
dividers, large screw type
dividers, small screw type
driver, medium band
denticators, polishing angle

director, Ivory, fine ligature
dishes, Dappen
forceps, artery mosquito fine str.
forceps " " curved
files, Swiss gold 1/2 rd.

irons, torquing
mirrors, mouth & handles
pliers, cotton
soldering
flat nosed
heavy molar, pinching
wire stretching
looped band pinching
Young
band, removing, Swinehart
Howe, serrated
Howlett band forming ant.
& post.
Johnson, ant. pinching
fine cutting
cutting, Swedish Lunstrom
cutting, heavy
square nosed, serrated
ligature

HOSPITAL DENTAL SERVICES

screw head
square pillar
escapement $\frac{1}{2}$ rd.
former, arch Doebrick # 425
loop, Ellis
ruler, celluloid
stretcher, anterior band
stopping, temporary
scissors 6" cotton
scissors surgical curved

Johnson, lock removing
double rounded,
loop forming, Hays, Doe-
brick wire ligature, locking
polishers, denticator
scissors Beebe
trimmers, Flagg
wrench, nut
wrench, Russel lock

7. Periodontics

Dental equipment, standard as
above
chisels, bone McFarland
curettes, Towner, Bates
file, Ned Stanley, (Ivory)
knives, periodontal, Kirkland,
Towner, Bucks
pliers, articulating paper

probe, periodontal
saws, Kaiser-Ward
sickles, Towner, Taylor
stone, Arkansas
oxygen insufflation machine with
tanks and needles

8. Operative

cabinet, dental
cabinet, drugs
dental chair
desk for charting
dispenser, soap
operating, stool

operating light
operating room light
sterilizer
sani can
unit, dental, water, gas, air
x-ray view box

amalgam, mercury
burs R.A. & H.P.
bands, copper assorted
butter, cocoa
compound
capping, pulp
cement, powder & liquid
chisels
dam, rubber
dam, punch
dam, clamps & forcep
disc, guard
excavators
instruments, plastic
mirrors, mouth with handles

mandrels, R.A. & H.P.
napkin holder
polishers, B.S.
pluggers, amalgam
pliers, cotton
paper, carbon
pellets, cotton
repalac and solvent
rolls, cotton
stones, assorted
slab, cement & porcelain
spatula, cement & porcelain
tester, pulp, electric
trays, impression
wax, inlay and baseplate

9. Dental Laboratory

benches, work
cabinets, storage
hot plate, electric
hoods, for lathe

lathe
sinks, (water, gas, drains, com-
pressed air)
stools

articulators
bins—plaster, stone, investment
blow pipes
bowl, plaster
burner, Bunsen
brushes, inlay etc.
block, soldering
burs, vulcanite assorted
cones, felt
calipers
chucks, for lathe
container acid
dish, borax
engine, dental laboratory
ejector, flask
flasks
files, vulcanite, gold
frame, heating, woven wire
furnace, electric, inlay
gauge, Boley
gloves, laboratory
holder, flask, lifter
heater, compound
knife, plaster
knife, compound

ladle, copper
machine, casting
motor & pestle
oven, heating
pencil, slate
pans, enamel
pliers, assorted
ruler
syringe, hydrocolloid
sprue, formers
saw, frame
scissors, crown & bridge
scraper, Kingsley
screw, driver
sheers, plate
spatula, inlay, wax, plaster
slab, glass
saws, blades, spiral & metal cutting
stone, Arkansas
tripod, for burner
trimmer, model
vice, bench
wheel, abrasive
wheel, buff cotton
wheel, brush

COMMENT

It is recommended that the Committee be commended and thanked for an excellent report.

APPROVED

COMMITTEE ON LEGISLATION: C. W. SHERIDAN, Chairman, Ottawa, Ont.; JAMES COUPLAND, Ottawa, Ont.; L. E. MacLACHLAN, Ottawa, Ont.; R. L. PALLAN, Vancouver, B.C.; R. A. ROONEY, Edmonton, Alta.; L. J. D. FASKEN, Regina, Sask.; J. F. MORRISON, Winnipeg, Man.; DON W. GULLETT, Toronto, Ont.; DENIS FOREST, Montreal, P.Q.; S. K. WETMORE, Saint John, N.B.; G. M. DEWIS, Halifax, N.S.; HEATH McINTYRE, Charlottetown, P.E.I.

REPORT

Because of the early date at which this report had to be written this year, a number of the provincial legislatures were still in session and had yet to deal with amendments or rules and procedure in regard to Dental Acts still on their order sheets. The House of Commons at Ottawa also had yet to deal with the estimates of the Department of National Health & Welfare. Consequently any comments or criticism aimed at the Dental Division of this Department had still to be heard.

In correspondence with the Provincial Registrars, the following items show a certain amount of activity in regard to dental legislation in the provinces:

British Columbia

No changes in Dentistry Act reported.

Alberta

Has a considerable number of amendments to its existing Act being presented at the present time to the Legislature as a government measure. The final disposition of these measures this year is uncertain.

Saskatchewan

Has adopted Rules and Regulations governing Dental Hygienists in the province. These Rules and Regulations have been approved and accepted by the Minister of Health as the By-laws governing Dental Hygienists in Saskatchewan. Saskatchewan is thus the first province to have established such Rules and Regulations.

Manitoba

The Dental Board is working on an amendment to the Dental Act requiring prescriptions for prosthetic prescriptions for prosthetic work performed by technicians. As yet it has not concluded its efforts in this respect.

Re regulations governing Dental Hygienists:—the Attorney-General and the Minister of Health do not see, as yet, the necessity of requiring professional supervision of Hygienists employed by the Department of Health or in hospitals.

Ontario

No new legislation affecting Dentistry has been passed this year. The Board has experienced serious delay on the part of the government regarding regulations for Dental Hygienists.

Quebec

More severe penalties against those illegally practising dentistry in the Province of Quebec was asked and obtained in a Bill amending the Quebec Dental Act. An amendment was approved permitting the Board to allow any dental surgeon graduated from a legally recognized university, not provided with a license from the Board, to practise dental surgery for not more than one year with a duly licensed dental surgeon and under his direction and responsibility.

New Brunswick

No dental legislation has been considered this year. The Council has been conducting a Dental Health Survey, including a 10% sampling survey of school children. It is expected to report on the survey this summer.

Nova Scotia

A Bill was introduced at the present session of the Legislature providing for the establishment of dental hygienists, and was adopted with the following proviso: "Act shall come into force on from and after and not before such day as the Governor in Council orders and declares by proclamation and shall be in force three years from that day".

Prince Edward Island

At the recent session of the Legislature of P.E.I. permission was authorized to make Rules and By-laws regulating the practice of Dental Hygiene within the province.

Newfoundland

Certain changes in the Dentistry Act are contemplated. The Department desires that recognition be granted to graduates of certain European Universities, while the Board feels that these university dental schools do not measure up to the standards applicable in the remainder of Canada. It was decided to rest the matter until after the deliberations of the present C.D.A. meeting.

COMMENT

(The amendments have been made in the original report.)

May we first congratulate Dr. Sheridan and the members of his Committee

LEGISLATION

for their comprehensive report which summarizes legislation in the ten Canadian provinces.

We commend the cooperation that exists between the Provincial Registrars and the Committee on Legislation.

We commend the Alberta Board's activity and alertness. Further comments no doubt will be brought out in the discussion on Auxiliary Services.

We congratulate the Saskatchewan Board for their foresighted action in establishing Rules and Regulations for hygienists.

We commend the Manitoba Board for its efforts and deplore the fact that it has not yet succeeded in convincing the Attorney-General and the Minister of Health that to allow hygienists to practice without professional supervision, when possible, might prove to be detrimental to public health.

We commend the Quebec Board for having obtained more severe penalties re illegal practice, thus contributing to maintain the standards of dentistry on a high level.

We compliment the New Brunswick Council as regards their Dental Health Survey and recommend that copies of their report on the survey be made available to the Committee on Health Insurance Studies and to the Dental Public Health Committee.

We congratulate the Dental Association of Prince Edward Island for its alertness and activity.

We view with alarm the possibility that a Canadian province might grant recognition to graduates of university dental schools that do not measure up to the standards applicable in the remainder of Canada.

APPROVED

COMMITTEE ON AUXILIARY SERVICES: R. A. ROONEY, Chairman, Edmonton, Alta.; H. R. MacLEAN, Edmonton, Alta.; A. M. REVELL, Edmonton, Alta.

REPORT

Legislation affecting the relationship between the dental profession and auxiliary callings during the past year in Canada and the United States has not been especially voluminous but some of it has peculiar significance that might indicate a trend in public and governmental thinking which could have profound reflections on the practice of dentistry, if proper and effective recognition is not given to the underlying reasons for such legislation. This will be discussed later in the report.

So far as can be learned, the only legislation concerning dental technicians on this continent has been introduced in New York State, where a bill has been presented in the House of Representatives to prohibit the construction of dental structures without prescription from a licensed dentist. This will be important if it becomes law. More important, though, is that there are indications that technicians' bodies in several places are themselves looking to the future and considering the possibility of asking for laws to regulate their craft. It is quite possible that within the next few years there will be a rash of such legislation in both the United States and Canada. Some of this will be aimed at opening the field for prosthetic, particularly full denture, service.

Regarding hygienists, there is much greater activity. A number of States have either amended existing legislation or introduced new acts; forty-four States now have permissive regulatory powers. It is worth noting that control of hygienists has not in all cases been made directly under the dental practices acts. In some States separate hygienists' acts are before legislatures at the present time. This is in contrast to most existing regulations but equally effective if such bills are properly drafted and if adequate control is included. Unfortunately, if enforcement is left to the State, it is, in the case of such groups, usually a matter of ignoring bad features unless or until there is a public outcry against them and this seldom happens. Complaints of interested bodies are largely assessed as being made for selfish reasons only.

It is unfortunate from the point of reviewing legislation that this Board of Governors meets so early in the year when legislatures are either still sitting or have adjourned so recently that new laws are not available for study.

In Canada, Prince Edward Island reports an amendment to their Act permitting the establishment of a dental hygiene body. By-laws are now being prepared but neither these nor the amendments are available yet for consideration but it is probable that they follow the general pattern.

AUXILIARY SERVICES

In Saskatchewan, by-laws regulating hygienists have been approved by the Minister of Health and became effective April 1st, 1950.

In Nova Scotia, amendments regarding hygienists were introduced but, as of the middle of April, were still under consideration by the legislature. Indications then were that they would be approved.

All these will be appended to this report when available.

In Alberta, the provincial Association presented to the Minister of Health a complete redraft of the existing dental act, which contained, amongst other things, enabling clauses to permit the operations of hygienists. There was the usual bickering pro and con about various clauses but no particular objection to the hygienists' section. However, a week before the legislature was to sit the Board was informed that supervision of the dental act had been referred to the Provincial Secretary's Department. All other professional and quasi acts would also in due course be taken from their relative departments and placed under the same Minister. The reasons for this move are too involved to discuss here but, so far as can be learned, is a departure in legislative channels that should properly be referred to the Committee on Legislation. In general it may be said to be just one more evidence of the intrusion of government into the control of health bodies—a further development towards a welfare state—if you like.

The new Minister appeared cooperative enough but flatly refused the hygienists' clauses on the grounds that no group or calling should be permitted to regulate the operations of another group and he maintained this stand. He said he would have no objection to sponsoring a bill to regulate and control hygienists and it could be as stringent as desired but it would be a separate bill—not a section of the dental act. This is mentioned merely because of the viewpoint involved and not for discussion.

He did suggest, though, a joker clause, and out of deference, this is now in the Alberta Act, permitting the Board to delegate certain dental procedures to other groups of people. There is the intriguing possibility that after consideration, the Minister might permit certain definitive by-laws. If this should happen this short clause of five lines could be just as useful, if carefully handled, as a couple of pages in the Act.

Dr. Gullett told me that the Ontario Board ran into the same arguments with their hygienists' bill but were able to talk themselves out of it and possibly the same attitude has arisen in legislators' minds in other sections of the country.

In Britain, a different approach to the training and use of hygienists has been made. There the Ministry of Health has arranged a course for hygienists at the Eastman Dental Clinic, upon the completion of which the graduate will be given a certificate of proficiency but will be employable *only* by hospitals or other public dental services; obviously to further the scope of the National Health Plan. Their services will not be available to the private

dentist and they must agree before starting the course to serve at least two years in public service; after that period it is presumed they may quit and enter private employ. The course will continue through three terms of 14 weeks each, with a week between each term, but so far there is no information on the curriculum. This compares with the courses in most American schools of two years of about 35 weeks each, with fairly standardized curricula. From this distance it appears to be an assembly line training without the necessary broad background. For example, there are no stipulations about preliminary education, while in the United States, applicants must be high school graduates with definite credits in certain subjects as part of the requirements.

However, it is the implications of government interference in establishing such an arrangement without reference to the profession that is of importance.

A much more disturbing problem has arisen in Massachusetts, again without the profession being consulted. There, the State Department Commissioner of Public Health (apparently analogous to our Minister of Health) promoted a bill through the legislature in 1949 providing for girls who are high school graduates to be trained *under the supervision of the Department* in the Forsyth Infirmary for two years and upon graduation to be permitted to perform in public service certain dental operations for children under supervision of a dentist. A copy of this act is not available at the moment, so what these "operations" may be is not known, but the Journal of the American Dental Association mentions specifically filling of children's teeth. This arrangement is listed as a "research project" to run for five years; the first two to be a personnel training period.

This legislation follows, apparently, much along the lines of the arrangement which has been operating in New Zealand for several years past and where, from information available, the dental profession at large favors the scheme, perhaps from a feeling that a service is being rendered that they could not give because of preoccupation with adult patients; perhaps for selfish reasons, because it relieves them of the onus of caring for children and perhaps because these girls are doing a good job. The latter is a definite possibility that must not be overlooked nor must it be forgotten that the scheme was introduced under an extremely reactionary labor government. It will be interesting to note whether the present more conservative government will interfere with the plan.

From press and professional journal reports, the Massachusetts case has created a considerable storm within the ranks of the profession; as much due to the fact that dental authorities in the State had not been consulted prior to the legislation, as to the implications of establishing a two standard service in dentistry. In any case the battle was on, with the State government on one hand and organized dentistry, in the power of the American Dental Association, State Boards and other dental bodies on the other. Sufficient influence was brought to bear by the latter groups to have a bill introduced at the recent session of the State legislature to have the act repealed. At the time of writing this report, no information can be obtained as to the result.

AUXILIARY SERVICES

However, the fundamentals of the situation may be examined and some reasonable conclusions may be made without rancor and without prejudice. The principal object of dentistry for years past has been to try to educate all health authorities, school authorities, parents, teachers and any other groups concerned with the welfare of the child, that the early years, from the age of three on, was the time when dental care was most important; that the business of building a sound foundation for the eventual dental structure had to start at the beginning or the end results would be a collapsing edifice. We are pleased to note that the educational efforts of our profession have resulted in a much wider interest being taken by parents in dental care for their children.

Some time ago the Executive Committee referred to this Committee a request from the Canadian Dental Nurses and Assistants Association for financial help in trying to organize on a national basis, particularly in the eastern provinces. From the letter it would appear that the President of this embryo organization made a sort of organization trip through the west last year so the eastern junket was proposed for this year.

The Committee's opinion was that since by far the greater proportion of the personnel of the proposed organization was not on a stable employment basis, had no special background of education or training such as, for example, hygienists must have, and since all local affiliated groups would vary within short periods in both numbers and individuals, and, therefore, organization on both a provincial and national basis could present only a fluctuating heterogeneous assembly, the Canadian Dental Association could not be obligated to assist such a body in any way. The Committee qualified this stand to a degree, though, by saying that a limited grant be considered by the Executive Committee.

Earlier in this report it was stated that in Alberta all professional acts were being placed under one Minister. This presages a government bill under which all professions and quasi professions will be placed under one licensing medium, not the professional group. The implications of this proposal are tremendous but evaluation of the reasons cannot be made until something more concrete occurs. It means constant watchfulness, though, and, as always, it means the maintenance of the best possible relations with departmental authorities. This does not mean that opinions should not be expressed adequately when occasion demands.

Your Committee would draw attention to the sequence of the New Zealand, British, and now the Massachusetts legislation and government attitude towards the professions.

COMMENT

(Amendments have been made in the report)

1. We reiterate the stand of the C.D.A. that all auxiliary dental personnel remain under the direction of the dental profession.

AUXILIARY SERVICES

2. We highly commend the Committee on their very informative and excellent submission.

3. We suggest that final appraisal of the New Zealand and Massachusetts plans be made only after further information has become available and Dr. Ellis has reported.

Resolution

That the matter of legislation and pending dental legislation as referred to in the report of the Committee on Auxiliary Services be referred to the Executive Committee for discussion and action.

APPROVED

REPORT

The basic consideration as submitted by this Committee at the last meeting would appear to be fundamentally sound, as no major objection has been raised to date. No report has been returned to us as to the reaction of the Orthodontists to the review of a section of Orthodontic nomenclature by the Committee last year, and consequently we have been unable to estimate our effectiveness in this respect.

Your Committee is of the opinion that standardization of dental nomenclature should be undertaken on the broadest possible basis, including, as a cooperative effort, at least the English-speaking world. In addition they urge that classical roots should be used where possible in order to promote international facility of dental expression and understanding.

The meeting was on a cordial note, with mutual cooperation as the theme. It is proposed to proceed on the basis of mutual aid and assistance, which is the expressed wish of the A.D.A. group, and has also the wholehearted endorsement of your Committee. It is hoped that such joint effort may prove to be productive in the future.

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the world's best lexicographers. This would be a time consuming and costly undertaking, and it was suggested that support for such a project might be secured from one of the foundations. However the Executive of the A.D.A. does not consider that the time is presently opportune for such an undertaking, and no progress has been made with this project.

The Committee still continues to urge such action and considers it to be a vital necessity. Words are the chief tools and stock in trade of dental teachers, as well as being necessary for the correct transference of exact ideas on all our professional relationships. At the present time the instructors in dental schools are compelled to work with imperfect tools, to the confusion of the students and the detriment of teaching.

We again call to your attention the continued misuse of the word "fluorine" when it is "fluoride" that is intended. This error is far too common in dental discussions and literature. The Committee has been requested by the department at Ottawa to express a choice as between fluorination, fluoridation and Fluoridization as the term to be used in describing the act of adding fluorides to drinking water. With one dissention the Committee has expressed itself as recommending *fluoridization* to describe this act, and such recommendation has been transmitted to Ottawa.

COMMENT

I. Your Board offers its sincere appreciation to the Chairman of this Committee for his zeal and enthusiasm in carrying on the work and keeping alive the interest in this Committee on Nomenclature.

II. We approve in principle the action of this Committee.

III. We recognize the need for clarification of dental terminology.

IV. Revision of Dental Terminology within the Medical Dictionary would be helpful.

V. We approve of the continued collaboration of our Committee with the American Dental Association.

APPROVED

PROGRAM

PROGRAM COMMITTEE: C. H. M. WILLIAMS, Chairman, Toronto, Ont.; G. V. FISK, Toronto, Ont.; L. M. GROSE, Toronto, Ont.; HARVEY W. REID, Toronto, Ont.; P. G. ANDERSON, Toronto, Ont.; F. H. SHEPHARD, Toronto, Ont.; H. A. SWALES, Toronto, Ont.; W. G. McINTOSH, Toronto, Ont.; H. R. SKILLING, Toronto, Ont.; R. G. ELLIS, Toronto, Ont.; H. E. LEYLAND, Toronto, Ont.; R. A. CLAPPISON, Toronto, Ont.; E. B. SISLEY, New Toronto, Ont.; W. J. DUNN, Toronto, Ont.; M. G. BOYES, Toronto, Ont.; S. COPELAND, Toronto, Ont.; W. O. NURSEY, Toronto, Ont.; A. M. HORD, Toronto, Ont.; MISS DOROTHY JUTTON, Toronto, Ont.

REPORT

The general theme of the programme for the 1950 joint convention of the Canadian Dental Association in cooperation with the Ontario Dental Association is "Prevention and Conservation". This theme was adopted as the basis of development of the programme because your President, Dr. G. V. Fisk, conveyed the request that this Board of Governors desired such action. The Board of Governors is to be commended for its vision and for the courage required to depart from what has been a fairly standardized basis for the development of the programmes for the Convention in the past. It seems certain that the dental profession will find its greatest success and its greatest value to the public through the development of those services which will contribute to the prevention of dental and oral diseases.

GENERAL POLICY:

1. A joint convention committee has been established in conformity with the instructions of the two associations.
2. The same pattern, respecting finances, as applied for the joint meeting of the Canadian Dental Association—Ontario Dental Association in 1946 has been endorsed by the executive body of each association.
3. Prevention and early control of dental diseases and the place of the dental profession in a socialized health plan have been considered as especially important subjects in the development of the programme.
4. As a main phase of a celebration of seventy-five years of dental education in Canada, Dean R. G. Ellis invited the convention committee to arrange for the sessions of Wednesday afternoon, May 17th, to be in the Faculty of Dentistry Building, University of Toronto. The invitation has been accepted. The Wednesday afternoon programme will include essays, demonstration clinics and displays, all developed and presented by staff and students of the

school. The luncheon speaker on Monday, May 15th will trace the development of dental education in Canada.

SPEAKERS:

ESSAYISTS

- Dr. Herman Becks — University of California, San Francisco.
Subject — “Development and Maintenance of the Health of the Oral Structures”.
- Dr. L. S. Fosdick — Northwestern University, Chicago.
Subject — “The Use of Oral Hygiene Procedures in the Control of Dental Caries”.
- Dr. John R. Thompson — Northwestern University, Chicago.
Subject — “Application of the Rest Position of the Mandible in All Phases of Restorative Dentistry”.

GROUP CLINICS

- Dr. Victor L. Steffel — Ohio State University.
Subject — “Removable Partial Dentures and Related Factors”.
- Dr. Robert E. Moyers — University of Toronto.
Subject — “Diagnostic Procedures in Orthodontics for the General Practitioner”.
- Dr. E. Romly Romine — University of Michigan.
Subject — “The Conservation of Oral Structures Through Operative Procedures”.
- Dr. Hermann Becks — University of California.
Subject — “Practising Prevention”.
- Dr. Gerald Racey — University of Montreal and McGill University.
Subject — “Diagnosis for the General Practitioner”.
- Dr. Douglas Richardson — McGill University.
Subject — “Endodontia for the General Practitioner”.
- Lt.-Col. K. M. Baird
 Lt.-Col. G. B. Shillington — Royal Canadian Dental Corps.
 Major B. P. Kearney
Subject — “Examination and Treatment Planning”.
- Dr. J. Arthur Renaud — University of Montreal.
Subject — “Amalgam: Its Evolution and Most Recommended Technique”.

PROGRAM

- Dr. H. M. Worth — University of Toronto.
Subject — “Some of the Aspects of Dental Radiography”.
- Dr. J. F. M. Kennedy — London, Ontario.
Subject — “Oral Surgery for the General Practitioner”.
- Dr. Felix French — Ottawa, Ontario.
Subject — “Occlusal Patterns”.
- Dr. Edward Bilkey — University of Toronto.
Subject — “Space Maintenance”.
- Dr. W. G. McIntosh — University of Toronto.
Dr. W. J. McGanity (Under auspices of Ontario Dental Public Health Committee.)
Dr. Harry Ebbs
Dr. E. W. McHenry *Subject* — “Practical Nutrition in Every Day Practice of Dentistry”.
- Dr. H. M. Jolley — Toronto.
Subject — “Avoiding the Pitfalls in Children’s Dentistry in General Practice”.

LUNCHEON SPEAKERS

- Mr. John Fisher — Canadian Broadcasting Corporation.
Subject — “Dental Education in Canada”.
- Dr. Harvey W. Reid — Chairman, Committee on Health Insurance, Canadian Dental Association.
Subject — “Health Insurance Today”.

VISUAL EDUCATION

1. Air Abrasive Technic for Cavity.
2. Denture Resins.
3. Infiltration Anaesthesia.
4. Sludge Blood.
5. Posterior Palatine and Second Division Injections.

COMPONENT COMMITTEES:

ART EXHIBIT — Dr. E. B. Sisley, Chairman.

Since this will be the first such exhibit and since the Committee has no idea what entries may be submitted it was decided that only pictorial entries will be accepted for this first effort. No prizes will be awarded because to do so would require classification of types of pictures, and the employment of professional judges who should be properly remunerated. It was decided not to invite or allow support or sponsorship of the exhibit by any commercial organization. The Chairman has received requests for a large number of

entry forms and the indications are that this first exhibit will be large and interesting.

FACULTY — Dean R. G. Ellis, Chairman.

Dean R. G. Ellis has appointed committees within the Faculty of Dentistry, University of Toronto to arrange presentations by all teaching departments. A very extensive and extremely interesting programme has been developed as is shown by the attached programme of the Convention. It is expected that this phase of the programme will constitute a very important feature.

GENERAL ARRANGEMENTS — Dr. F. H. Shepherd, Chairman, Drs. R. A. Clappison and E. Leyland, Co-Chairmen.

The necessary rooms and equipment for the various meetings, essays and clinics, seem all to be well provided for. There has been an exceptional demand for exhibit space and all available space has been sold. The income from exhibitors should be \$8,760.

HOST — Dr. H. A. Swales, Chairman.

The functions of this committee are well organized and it is to be expected that our visitors will enjoy gracious hospitality.

LOCAL TRANSPORTATION — Dr. Harold R. Skilling, Chairman.

Arrangements have been made for a trip to Niagara Falls on Thursday, May 18th. Buses will leave in the morning. Luncheon will be served at the General Brock Hotel and the return trip will be made in the latter part of the afternoon.

Buses are being provided to transport registrants to the Faculty of Dentistry for the Wednesday afternoon session.

LADIES — Mrs. G. V. Fisk and Mrs. L. M. Grose, Chairmen.

This committee has been very active and an excellent programme has been arranged. The programme for the ladies is outlined in detail in the attached general programme.

LUNCHEON — Dr. M. G. Boyes, Chairman.

Both of the official luncheons of the meeting have been planned by nutritionists so that they will contain about the optimum amounts of essential nutrients, so that they will be free of refined flour and sugar but so that they will at the same time be pleasing to the eye and palate. We believe it is highly desirable that the dentists themselves should consume a choice of foods such as they recommend for the general and dental health of their patients. We believe that the example of practise is likely as important as the practice of preaching.

PROGRAMME — Dr. Wesley J. Dunn, Chairman.

The programme booklet submitted herewith is we believe a credit to the

PROGRAM

organization involved in the meeting. The cost of the inclusion of a larger than ordinary number of portraits of the speakers has been minimized by dividing the expense between the publicity committee and the programme committee both of whom used the same cuts for the reproductions.

PUBLICITY — Dr. A. M. Hord, Chairman.

An active publicity campaign has been conducted through the Journals of Canada and the United States. A letter outlining the features of the meeting has been sent to about four hundred dentists in the United States. Extensive plans are prepared for newspaper and radio publicity during the meeting. It is significant that statements are prepared in advance concerning each of the speakers and all of the main features of the meeting so that they may be submitted to the various press associations and to the radio representatives and so that space for their inclusion either in newspapers or over the radio may be reserved.

RECEPTION — Dr. H. W. Reid, Chairman and Dr. P. G. Anderson, Co-chairman.

This committee will extend a warm and gracious hospitality to our visitors.

REGISTRATION — Dr. W. O. Nursey, Chairman.

An experienced committee is well prepared to serve its function. Advanced registration as of April 21st (date of preparation of the report) is 323. This number is considerably higher than the usual at this date.

SUNDAY EVENING MUSICAL — Dr. W. G. McIntosh, Chairman.

A group of the stars of the Opera School of the Royal Conservatory of Music (Toronto Branch) will present a one-hour programme of musical selections ranging from French Canadian folk songs to classical opera. We expect the audience to be tremendously pleased.

VISUAL EDUCATION — Dr. S. Copeland, Chairman.

During three daily periods of about two hours each, scientific motion pictures will be shown. Films concerning air abrasive technique of cavity preparation, local anaesthetic injections, plastic materials, and sludge blood will be shown.

At the present date what seems an excellent programme is arranged. The mechanism for the conduction of the meeting is complete, the prospects of a good attendance is assured, and there is likely to be a favourable financial balance.

COMMENT

We commend the Board of Governors for their vision and courage in recommending this very appropriate theme.

GENERAL POLICY — We consider, at a celebration such as this, the inclusion of the dental faculty very fitting, and it should be a much appreciated feature.

ART EXHIBIT — If exhibits warrant, could be made an expansive feature.

FACULTY — We commend Dean R. G. Ellis for giving this opportunity to visit the Faculty which will be appreciated by all delegates.

GENERAL ARRANGEMENTS — We commend the Chairman and Committee for the efficiency and completeness of arrangements.

LOCAL TRANSPORTATION — We trust many will avail themselves of this opportunity to visit this scenic and well recognized resort.

LADIES — We compliment the ladies on the excellent programme, which will do much towards increasing fellowship and goodwill.

PUBLICITY — We commend this effort.

RECEPTION — This hospitality is much appreciated.

REGISTRATION — We note with satisfaction the number registered.

SUNDAY EVENING MUSICALE — We are indeed grateful for this very interesting and entertaining feature of the programme.

VISUAL EDUCATION — We recognize the value of visual education and compliment the Chairman on the materials to be presented.

CONCLUSION — The Chairman and Committee are to be congratulated on providing such a comprehensive and well balanced program.

APPROVED

ORTHODONTIC SECTION: RAYBURN R. McINTYRE, Chairman, Calgary, Alta.; BRAITHWAITE DIXON, Secretary, Ottawa, Ont.

PRESENTATION BY CANADIAN ORTHODONTISTS RECOMMENDATIONS

1. That the Board of Governors of the C.D.A. consider the advisability of the formation of sections for dentists in the C.D.A. who limit their practices to one of the various specialties within the structure of the C.D.A.
2. That, if such a section for orthodontists be formed under specific terms suggested as follows:
 - (a) That a section to be known as the Orthodontic Section be formed by the Canadian dentists who limit their practice to Orthodontics and are recognized as orthodontists by their confreres.
 - (b) That a Chairman and Secretary be elected by the section.
 - (c) That the section be financially self supporting on an independent basis.
 - (d) That the Chairman of the Section report annually to the Board of Governors of the C.D.A.
 - (e) That all by-laws and regulations be submitted for the approval of the Board of Governors of the C.D.A.
3. That the recommendation to establish a lectureship to perpetuate the memory of the late Dr. George W. Grieve and his contributions to Canadian Dentistry be approved and the necessary steps taken for its implementation. (Appendix A.)
4. That consideration be given to the tentative plan for orthodontic care under the Federal Grant for crippled children as drawn up by the Canadian Orthodontists assembled at Chicago on May 8th, 1950, with a view to reconciling it with the principles for dental health care of the C.D.A. (Appendix B.)
5. That the opinion of the Board of Governors respecting the above plan as a whole and any suggested alterations be forwarded to the pro-tem secretary of the Canadian orthodontic group.
6. That we further recommend to the Board of Governors that the attention of the Minister of Health be drawn to the psychological implications of the term 'crippled children' as applied to a Division of the Department of Health and that consideration be given to the use of the term 'physically handicapped' in its place.

RESOLUTION

Resolved that the Canadian orthodontists assembled at this meeting* are willing to cooperate with the C.D.A. in the development of a National dental health plan for the care of indigent children.

(* Refers to a meeting of Canadian Orthodontists held in Chicago May 7th, 1950.)

Appendix A.

THE GEORGE W. GRIEVE LECTURESHIP

As a memorial to the late Doctor George Wellington Grieve, Canadian orthodontists assembled at Chicago May 7th, 1950 respectfully recommend to the Board of Governors of the Canadian Dental Association that a lectureship be set up in orthodontics, to be known as the George W. Grieve Lecture.

The Conditions Governing the Lectureship:

1. A fund to be established by the Canadian Dental Association known as the George W. Grieve Lectureship Fund, to be provided through voluntary contributions of the members and from any others who wish to contribute.
2. The total contributions of the fund to be invested by the Secretary-Treasurer of the Canadian Dental Association upon the authorization of the Executive Committee in a trust, the trustees of which will be the persons named in 6.
3. The income from the investment of the principal sum of the fund to be used for defraying the travelling expenses of a lecturer.
4. The lecture to be delivered on an annual basis if an individual is deemed worthy of the honour.
5. The basis for the selection of an individual to receive the invitation to prepare and present the lecture shall be any meritorious service in the scientific, educational, or clinical aspects of orthodontics, or in any other closely allied field of activity.
6. For the purpose of selecting an individual to deliver the lecture a special committee will be set up composed of the Secretary of the Canadian Dental Association, and the Chairman and Secretary of the Orthodontic Section. The selection by this committee must be unanimous and their decision will be final.
7. The time of the lecture will ordinarily coincide with the annual meeting of the Canadian Dental Association.

Appendix B

PROPOSED PLAN FOR ORTHODONTIC CARE THROUGH FEDERAL CRIPPLED CHILDRENS GRANT

The possibility of an orthodontic programme under the Federal Crippled Childrens Grant makes it advisable that some plan for such service be formu-

ORTHODONTIC SECTION

lated at the present time. The following is offered as a basis for a plan, and has been arrived at after considerable discussion by the Canadian orthodontists assembled at the American Association of Orthodontists meeting at Chicago on these dates (May 7 & 8, 1950).

Whereas some cases of malocclusion may be associated with other defects such as cleft palate or hare-lip, and in other cases a malocclusion per se may be a handicap in development, education, and/or later employment of the child, a classification of malocclusion is included as a guide.

A. Malocclusions Which Are Handicaps or Potential Handicaps

1. Malocclusions associated with cleft palate, harelip or ankylosis of the temporo-mandibular articulation.
2. Malocclusions associated with disharmony in growth and development of the mandible and/or maxillae.
3. Severe malocclusions resulting from disease or trauma.
4. Malocclusions resulting in facial deformity or speech defect.

B. Case Finding

Referrals of potential cases may be made to Dental Health Officers by any interested persons including parents, dentists, doctors, public health nurses, teachers, social workers and other health and social work personnel.

C. Procedure for Initial Examination

1. The Dental Health Officer will authorize examination of a patient by an orthodontist or "qualified" dentist, who will then report to the Dental Health Officer if the patient comes under section A., and orthodontic treatment is indicated.
2. If the report indicates that the patient does not come under section A., the Dental Health Officer may declare the patient ineligible and the case closed. Or, the Dental Health Officer may request diagnostic aids as listed below from the orthodontist or "qualified" dentist for further consultation.
3. If the examining orthodontist or "qualified" dentist requires diagnostic aids for a diagnosis of the case, he may proceed with these on the approval of same by the Dental Health Officer.
4. The following are required as diagnostic aids:
 - (a) a full series of x-ray films mounted (at least 10 films)
 - (b) a set of properly prepared casts
 - (c) one profile and one full face photograph with mouth in rest position (minimum size $3\frac{1}{2}$ " x 5")
5. The report and diagnostic aids, if any, will be forwarded to the Dental Health Officer. If treatment is authorized, the Dental Health Officer

will return the diagnostic aids to the orthodontist or "qualified" dentist for his use during the treatment of the patient.

D. **Orthodontic Advisory Committee**

A committee of three orthodontists may be appointed by the Minister of Health upon the recommendation of the provincial dental legal body, to act in an advisory capacity to the Dental Health Officer.

If there is an organized body of orthodontists in the province, the dental legal body should be guided in its recommendations by the organization of orthodontists.

The committee shall be known as the Orthodontic Advisory Committee, and a member of it shall be named as Chairman by the dental legal body.

The Committee will meet at the request of the Dental Health Officer, every three months, or more often if necessary, and may be consulted by him on the following:

1. The need or otherwise of orthodontic treatment in border-line cases.
2. The prognosis of orthodontic treatment in extreme malformations.
3. Advice on therapy to the orthodontist if requested by him, or to the "qualified" dentist to whom the case has been assigned.
4. The progress in treatment of any case.
5. Any problem or phase in orthodontic care, under the Federal Crippled Childrens Grant.

The chairman of the committee will report its findings to the Dental Health Officer.

E. **Notice of Approval or Disapproval**

The Dental Health Officer will notify the examining dentist and the person who originally referred the patient as to the final disposition of the case.

F. **Provision for General Dental Treatment**

Whereas the teeth and mouth must be in a healthy state before the initiation of orthodontic treatment, and during the treatment, the Dental Health Officer will arrange for all necessary general treatment prior to the commencement of orthodontic treatment.

The Dental Health Officer will also arrange for periodic general dental examinations and treatment every six months (or more often, if necessary) throughout the period of orthodontic care.

G. **Eligibility for Rendering Orthodontic Treatment**

1. Only orthodontists and "qualified" dentists (according to the definitions and requirements below) listed on the Department of Health's roster will be eligible to render orthodontic care under this plan.

ORTHODONTIC SECTION

2. Names of applicants approved to render orthodontic service will be:
 - (a) Recorded in a roster of the Provincial Health Department, Dental Health Section.
 - (b) Forwarded to the respective Dental Health Officer.
3. Applicants included in this roster will complete the required application form and submit it directly to his provincial Dental Legal Body for approval. If approved, the applicants name will be forwarded to the provincial Minister of Health for listing.

In the public interest, orthodontists listed on the roster will be given preference in rendering orthodontic care under this plan. If no orthodontist is listed on the roster for the particular district, then a "qualified" dentist on the roster may be requested to render the necessary treatment.

Definition of Orthodontist and "Qualified" Dentist

An *orthodontist* is a dentist who by virtue of graduate training and/or experience is recognized by a provincial Dental Legal Body as a Specialist in Orthodontics, and who does limit his practice to orthodontics and meets one of the requirements listed below.

A "*qualified*" dentist (for the purposes of this plan) is a dentist who by virtue of graduate training and/or experience carries on orthodontic treatment in his general practice of dentistry and meets one or more of the requirements listed below.

H. Qualification Requirements for Orthodontists and "Qualified" Dentists Under the Crippled Childrens Act

1. If a provincial dental legal body requires certification for specialization, a qualifying certificate from that dental legal body will be required. (It is strongly recommended that the Dental Legal Body in each province define the practice of specialties and set up requirements and certification for such practice.)
2. Certification by the American Board of Orthodontics.
3. Active membership in the (Canadian Orthodontic Association) (Orthodontic Section of the Canadian Dental Association).
4. Dentists not meeting any of the above requirements, and wishing to be listed as "qualified" dentists under this plan, must submit histories of five orthodontic cases treated by them for review by the Orthodontic Advisory Committee. These should include pre-treatment and post-treatment or progress models, x-rays and photographs.
 - (a) Dentists who have completed a formal course in orthodontics at a University School of Dentistry and hold a certificate or degree in orthodontics received within the past five years. Such progress reports must cover at least one full year's treatment.
 - (b) Dentists without such formal training within the past five years,

ORTHODONTIC SECTION

must submit reports to cover the entire period from initiation to completion of treatment.

I. Progress Case Reports

1. Once a year the Dental Health Officer may request a progress report on any case from the orthodontist or "qualified" dentist carrying on the treatment. This report will be accompanied by a set of study models as well as the pre-treatment models and x-rays, if requested.
2. The Dental Health Officer may submit this material to the Orthodontic Advisory Committee for review and opinion. The models will be returned to the orthodontist or "qualified" dentist for his further use.
3. The orthodontist or "qualified" dentist may at any time request from the Advisory Committee, through the Dental Health Officer, advice or review of the case as to further therapy, and/or continuation or discontinuation of treatment.

J. Fees

(To be considered at a later date.)

COMMENT

On Recommendations

1. We agree that provision should be made for sections for specialists within the C.D.A.
2. First statement—Agreed.
 - (a) No comment.
 - (b) No comment.
 - (c) We commend the proposed section for orthodontists for the intention of being financially self-supporting. We believe that members attending a meeting of a section which is a part of a regular convention of the C.D.A. should pay the regular convention fee plus whatever additional amount they may find to be necessary for the conduct of the section.
 - (d) Agreed.
 - (e) Agreed.
3. The orthodontists of Canada are to be commended for showing honour to their beloved and distinguished colleague.
4. We believe this matter should be referred to the Health Insurance Committee.
5. Agreed.
6. Endorsed.

ORTHODONTIC SECTION

On Resolution

Commended.

Appendix A

Endorsed.

The orthodontists of Canada, by the development of this submission show evidence of a keen desire and intention to fulfill their obligation to the public, to pay honour to a former distinguished leader and to continue to increase their own scientific knowledge. They are to be commended.

We suggest implementation of the proposals contained in "Presentation by Canadian Orthodontists".

APPROVED

NOMINATING COMMITTEE: GEORGE L. CAMERON, Chairman, Ottawa, Ont.; S. J. PHILLIPS, Oshawa, Ont.; H. M. CLINE, Vancouver, B.C.; A. J. COUGHLAN, Saint John, N.B.; E. CHARRON, Montreal, P.Q.

REPORT

Your Nominating Committee begs leave to submit for your consideration the following slate of officers and committees for the ensuing term:

<i>President</i>	-	-	-	-	-	-	R. P. Lowery
<i>Vice-President</i>	-	-	-	-	-	-	H. M. Cline
<i>Secretary-Treasurer</i>	-	-	-	-	-	-	Don W. Gullett

EXECUTIVE COMMITTEE

Chairman, R. P. Lowery; H. M. Cline, G. Ratté, A. J. Coughlan, G. V. Fisk, D. W. Gullett.

LEGISLATION COMMITTEE

Chairman, C. W. Sheridan; James Coupland, L. E. MacLachlan, and Provincial Registrars.

FINANCE COMMITTEE

Chairman, J. K. Carver; A. J. Coughlan, S. J. Phillips, H. B. Powell, G. Ratté.

COMMITTEE ON PUBLICATIONS

Chairman, P. G. Anderson; G. Ratté, F. Martin, A. R. Poag, F. T. Pearson, W. J. Langmaid. Editors and Provincial Correspondents in an Advisory capacity.

COUNCIL ON DENTAL EDUCATION

Chairman, W. Scott Hamilton (3 years); J. Stanley Bagnall (1 year), E. Charron (2 years), H. W. Reid (1 year), A. L. Walsh (2 years), Wm. Miller (3 years), also D.D.C. Representative.

HEALTH INSURANCE

Chairman, Harvey W. Reid; C. A. E. McCabe, H. A. Swales, T. R. Marshall, L. V. Janes, G. Ratté, also (Chairmen Provincial Committees).

AUXILIARY SERVICES

Chairman, R. A. Rooney; H. R. MacLean, A. M. Revell, also (Chairmen of Provincial Legislation Committees).

NOMINATING

SPECIALISTS AND HOSPITALIZATION

Chairman, Arnold Mitchell; A. G. Racey, R. E. McMahon, Gordon Kelly.

WAR MEMORIAL AWARD

Chairman, Armand Fortier; W. F. Walford, Paul Geoffrion, A. M. Hord, M. H. Garvin.

HOSPITAL DENTAL SERVICES

Chairman, D. M. Tanner; W. S. Madill, E. C. Veitch, Hamilton Simmons, T. I. Guilbord, G. A. Buchanan, J. M. Chamard, John Clay, G. de Montigny.

DENTAL PUBLIC HEALTH

Chairman, H. A. Swales; Glen Mitton, R. R. Butler, S. A. MacGregor, also (Chairmen of Provincial Dental Public Health Committees).

PUBLIC RELATIONS

Chairman, G. V. Fisk; Harry S. Thomson, H. E. Leyland, L. M. Grose, also Vice-President as Ex-officio member.

COMMITTEE ON ETHICS

Chairman, J. D. McLean; O. L. Oatway, S. C. Hodgson, J. P. Whyte, H. N. Beach.

COMMITTEE ON BY-LAWS

Chairman, J. Stanley Bagnall; George L. Cameron, S. A. Moore, John Clay.

RESEARCH COMMITTEE

Chairman, W. G. McIntosh; R. G. Ellis, J. P. McGuigan, J. H. Johnson, G. H. W. Lucas, H. R. MacLean, A. G. Racey, J. J. Rae, R. H. McDougall, R. G. Godfrey, C. H. M. Williams, J. B. Macdonald, Roland Gendron.

COMMITTEE ON NOMENCLATURE

Chairman, J. H. Johnson; W. G. Trelford, G. H. W. Lucas, W. J. Dunn, A. H. Hunter, F. E. H. Priestly, R. J. Getty, also M. H. Garvin and G. de Montigny as Ex-officio members.

DENTAL SERVICES COMMITTEE

Chairman, L. V. Janes; J. K. Carver, G. L. Cameron, C. W. Sheridan, R. McLaughlin, also E. M. Wansbrough, H. K. Brown, L. A. Kilburn, as Ex-officio.

INDUSTRIAL DENTISTRY COMMITTEE

Chairman, C. A. E. McCabe; Ray Carson, D. W. Henry.

NECROLOGY COMMITTEE

Chairman, D. W. Gullett (all Provincial Registrars).

HONORARY MEMBERSHIP

Stephen A. Moore.

It is a pleasure to record the very prompt cooperation which the Chairman received from the various Committee Chairmen and members of the Nominating Committee, in response to mail communications.

APPROVED

(Following the reception of the Report of the Nominating Committee and in conformity with the By-laws, the President called for further nominations for the official positions of President, Vice-President, Secretary, and two members of the Executive from the floor. As no other nominations were made, he declared in turn each of the said officials duly elected.)

The Nominating Committee was then regularly elected by the Board of Governors as follows:

G. L. Cameron, *Chairman*
 S. J. Phillips
 A. J. Coughlan
 H. Baden Powell
 E. Charron.

NECROLOGY

NECROLOGY COMMITTEE: DON W. GULLETT, Chairman, Toronto, Ont.; R. L. PALLAN, Vancouver, B.C.; R. A. ROONEY, Edmonton, Alta.; L. J. D. FASKEN, Regina, Sask.; J. F. MORRISON, Winnipeg, Man.; DENIS FOREST, Montreal, P.Q.; S. K. WETMORE, Saint John, N.B.; G. M. DEWIS, Halifax, N.S.; HEATH McINTYRE, Charlottetown, P.E.I.

REPORT

Your Committee reports with regret the loss of the following members since the last meeting:

Ayers, J. H.	- - - - -	Charlottetown, P.E.I.
Bannerman, James Gordon	- - - - -	Owen Sound, Ont.
Barnes, Adolphus Frederick	- - - - -	London, Ont.
Bayne, Hugh Cameron	- - - - -	Sarnia, Ont.
Beckwith, W. H. H.	- - - - -	Halifax, N.S.
Beland, R.	- - - - -	Montreal, P.Q.
Bond, Cornell Oswald	- - - - -	Galt, Ont.
Bonnell, Fenwick C.	- - - - -	Saint John, N.B.
Bradley, Randolph Wilmott	- - - - -	Windsor, Ont.
Brass, D. J.	- - - - -	Yorkton, Sask.
Briggs, G.	- - - - -	Verdun, P.Q.
Brisette, L.	- - - - -	St. Gabriel de Brandon, P.Q.
Britton, Frank	- - - - -	Brantford, Ont.
Broderick, William P.	- - - - -	Saint John, N.B.
Campbell, Leslie A.	- - - - -	Mission, B.C.
Campbell, Sidney Norman Archibald	- - - - -	Toronto, Ont.
Cleveland, E. T., Sr.	- - - - -	Montreal, P.Q.
Coram, George Henry	- - - - -	Toronto, Ont.
Cowling, Thomas	- - - - -	Toronto, Ont.
Crowe, Victor Densmore	- - - - -	Truro, N.S.
Dagleish, R. R.	- - - - -	Sydney, N.S.
Dobson, J. W.	- - - - -	Halifax, N.S.
Ellis, Arthur William	- - - - -	Toronto, Ont.
Fergie, W. A.	- - - - -	Cranbrook, B.C.
Foster, Selby Evans	- - - - -	Warton, Ont.

Gorrell, George Maxwell	-	-	-	-	-	Morrisburg, Ont.
Gott, Adlington	-	-	-	-	-	Toronto, Ont.
Grieve, George Wellington	-	-	-	-	-	Toronto, Ont.
Griffin, William Thomas	-	-	-	-	-	Hamilton, Ont.
Hainer, W. E.	-	-	-	-	-	Shaunavon, Sask.
Hall, William James	-	-	-	-	-	Mimico, Ont.
Holmes, George H.	-	-	-	-	-	Owen Sound, Ont.
How, Frank William	-	-	-	-	-	Toronto, Ont.
Hughes, Frederick George	-	-	-	-	-	Waterloo, Ont.
Hughes, Sidney James	-	-	-	-	-	Tara, Ont.
Inkster, C. H.	-	-	-	-	-	Vancouver, B.C.
Jobin, J. A.	-	-	-	-	-	Winnipeg, Man.
Kennedy, William Corbett	-	-	-	-	-	Orillia, Ont.
Kline, M.	-	-	-	-	-	Edmonton, Alta.
Langlois, A.	-	-	-	-	-	Quebec, P.Q.
Lapointe, Ernest	-	-	-	-	-	Montreal, P.Q.
Lennox, Charles William Fenney	-	-	-	-	-	Bracebridge, Ont.
Levesque, C.	-	-	-	-	-	Montreal, P.Q.
Lindsay, Howard Rogden	-	-	-	-	-	Renfrew, Ont.
Lonergan, James Joseph	-	-	-	-	-	Ottawa, Ont.
Lough, A. G.	-	-	-	-	-	Vancouver, B.C.
MacKay, Russell	-	-	-	-	-	Rock Island, P.Q.
McArthur, E. D.	-	-	-	-	-	Winnipeg, Man.
McKenzie, C. H.	-	-	-	-	-	Souris, Man.
McKerracher, Arthur Selbourne	-	-	-	-	-	Wales, Ont.
Miller, W. P.	-	-	-	-	-	Tomahawk, Alta.
Moffatt, F. J.	-	-	-	-	-	Winnipeg, Man.
Nantel, C.	-	-	-	-	-	Montreal, P.Q.
Nash, Richard	-	-	-	-	-	Victoria, B.C.
Neff, Edgar B.	-	-	-	-	-	Dawson, Y.T.
O'Leary, Edward Joseph	-	-	-	-	-	Campbell's Bay, P.Q.
Parker, C. W.	-	-	-	-	-	Regina, Sask.
Pearson, Charles Ernest	-	-	-	-	-	Toronto, Ont.
Price, Walter Garnet	-	-	-	-	-	Toronto, Ont.
Proudfoot, Phillip Bradley	-	-	-	-	-	Russell, Ont.
Robertson, Halton Alexander	-	-	-	-	-	Hamilton, Ont.

NECROLOGY

Robillard, S.	-	-	-	-	-	-	-	-	Montreal, P.Q.
Robson, James William	-	-	-	-	-	-	-	-	Oshawa, Ont.
Rodger, Edmund Gordon	-	-	-	-	-	-	-	-	Oswegen, Ont.
Rowsome, Clarence Milne	-	-	-	-	-	-	-	-	Ottawa, Ont.
Sinclair, Alfred Victor	-	-	-	-	-	-	-	-	Fort William, Ont.
Sinclair, Angus C.	-	-	-	-	-	-	-	-	Campbellton, N.B.
Smith, Chester J.	-	-	-	-	-	-	-	-	New Westminster, B.C.
Snelgrove, Cecil Merritt	-	-	-	-	-	-	-	-	London, Ont.
Stewart, Ross Thomson	-	-	-	-	-	-	-	-	Hamilton, Ont.
Stitt, J. Howard	-	-	-	-	-	-	-	-	Sudbury, Ont.
Teakles, A. B.	-	-	-	-	-	-	-	-	Sussex, N.B.
Trewin, Morley Garnet	-	-	-	-	-	-	-	-	Oshawa, Ont.
Wasson, K. C.	-	-	-	-	-	-	-	-	North Battleford, Sask.
Williamson, W. R. P.	-	-	-	-	-	-	-	-	Vancouver, B.C.
Wing, Ross Hamilton	-	-	-	-	-	-	-	-	Colborne, Ont.
Winn, Pearson Peter	-	-	-	-	-	-	-	-	Alvinson, Ont.
Woods, William John	-	-	-	-	-	-	-	-	Toronto, Ont.
Young, Eric Lyons	-	-	-	-	-	-	-	-	Ottawa, Ont.

RESOLUTIONS COMMITTEE: R. P. LOWERY, Chairman, Toronto, Ont.; H. J. MERKELEY, Winnipeg, Man.

REPORT

1. DR. DENIS FOREST, 3632 Park Ave., Montreal, Que.
The officers and members of the Canadian Dental Association wish to express to you their appreciation for your telegram and sincerely hope for the speedy recovery of Mrs. Forest.
2. PRESIDENT ROBERT NEWTON, University of Alberta, Edmonton, Alta.
The President, officers and members of the Canadian Dental Association desire to express their pleasure at the honour conferred on our esteemed Past President, Dr. John Clay and are gratified to note that the University of Alberta has recognized his ability and his outstanding contribution both to his chosen profession and to the advancement of culture.
3. DR. SPENCER LEA, Pres., Calgary Dental Society, Greyhound Bldg., Calgary, Alta.
The Governors of the Canadian Dental Association in session here today passed a resolution unanimously congratulating Dr. John Clay upon the honour conferred upon him by the University of Alberta and send best wishes for his future health and happiness.
4. MRS. V. D. CROWE, Truro, Nova Scotia.
On the occasion of our Annual Board of Governors Meeting now in session in Toronto, the officers and members of the Canadian Dental Association are desirous of bringing greetings and best wishes to you and your family.
5. DR. ARMAND FORTIER, 3605 St. Denis, Montreal, Que.
The officers and members of the Canadian Dental Association wish to express their sincere sympathy in the loss of your brother.
6. MANAGER, ROYAL YORK HOTEL, Toronto, Ont.
The officers and members of the Canadian Dental Association wish to express their sincere appreciation to you and through you to your staff, for services rendered on the occasion of our Annual Board of Governors Meeting.
7. DR. KEN JOHNSON, 314 Somerset Bldg., Winnipeg, Man.
The Board of Governors now in session in Toronto wish to express our deep concern for all our confreres in this catastrophe which has befallen your city.
8. DR. WILF BLAIR, Regina, Sask.
The Board of Governors now in session in Toronto wish to express to you their sincere hope for your speedy recovery and all good wishes for you, Mrs. Blair and family.



SUMMARY OF SESSIONS

Five official sessions of the Board of Governors were held in the Royal York Hotel, Toronto, beginning Thursday morning May 11th and ending Saturday afternoon May 13th. All members of the Board were present with the exception of W. M. Blair of Saskatchewan, who was absent due to illness. M. J. MacDonell acted as alternate for that province.

The sessions were attended by the Chairmen of Committees, Editors, and a large number of individual members of the Association. The interest exemplified by members in the work of the Board is most gratifying.

The Annual Meeting was highlighted by two main events. First, the Province of Newfoundland was represented for the first time and the Newfoundland Dental Association was admitted to Corporate Membership. Second, plans were finalized for the setting up of a Housing Fund in order to secure adequate headquarters accommodation for the Association. Immediately following the meeting action took place whereby property was purchased which will be occupied later in the year.

The annual reports as presented herein represented the work during the year. Reference committees carefully consider each report and report back to the open session. Discussion ensues and the end results are presented in these transactions which represent the adopted policies of the Association.

The Transactions are distributed to the membership for information purposes.

ANNUAL MEETING OF THE ASSOCIATION

The Annual Association Meeting was held on Monday May 15th in the Royal York Hotel, Toronto beginning at 3.00 p.m.

ADDRESS OF PRESIDENT

In conformity with the By-laws of this Association, it is my duty and privilege to review some of the highlights of the activities of our Association since our last meeting as they were summarized at the recent meeting of the Board of Governors.

Concisely stated it has been a year of considerable advancement. Indeed while progress was noticeable in all branches of our work, it was clearly evident that definite acceleration has occurred in the following three phases which I propose to discuss briefly:

- (1) Dental Public Health and Health Insurance Studies
- (2) Economic Stabilization
- (3) Dental Education

Dental Public Health

Considerable impetus was given to the Dental Public Health program for Canada when it was reported that Dental Health Committees had become active during the past year in two coastal provinces: Nova Scotia on the East and British Columbia on the West. Provincial Committees are now actively organized in four of the Canadian Provinces. If dentistry is to assume its rightful place as a health service, dental public health committees should be established as soon as possible in every province. Although conditions in the different provinces vary somewhat, it is advisable that there should be a basic similarity in the pattern of the plan for each province. At present, in some provincial plans, the emphasis is upon treatment service. In these, the recognition of the value of dental health education is apparently minimized. Too much stress cannot be laid upon the importance of a carefully integrated program of dental health education to ensure a positive improvement in the dental health of the Canadian people.

The Canadian Dental Association has a plan for dental public health education which with few variations could be made applicable in each province. The Dental Public Health Committee of the C.D.A. will be pleased to co-operate with any provincial committee in the adaptation of the plan to their particular needs.

Health Insurance Studies

A year of satisfactory progress was reported by the Health Insurance Studies Committee as it has been more appropriately renamed.

ANNUAL MEETING

The Board of Governors approved a plan to test the practicability of a voluntary pre-payment dental health care program. Three or more test areas will be selected and the information obtained will be assembled to be used as a possible basis for the setting up of a Pre-payment Dental Health Corporation by the Canadian Dental Association.

Only children of subscribers will be eligible for treatment under the plan; children up to and including six years of age will be accepted with their accumulated dental needs, those over six years of age will become eligible only after the elimination of their accumulated dental requirements.

To secure optimal results, the plan will be introduced in an area only after a dental health education program has been in operation for some time. In order to reduce administrative costs, benefits under the plan will be available to dependents of subscribers in groups of ten or more on a pay deduction basis. It is possible that after the plan has been properly organized and in operation for some time that individual applications may be considered, but at a higher rate than group subscribers, to defray the additional cost of administration.

Economic Stabilization

Year after year, the ever increasing activities of our Association impose a greater burden of responsibility upon our Secretariat. Unfortunately, however, owing to the limited accommodation at headquarters, it has not been possible to augment personnel to keep pace with the responsibilities occasioned by these increased activities. Consequently, our headquarters staff has been greatly overburdened.

After a careful study of the whole financial structure of the Association, the Board has approved a plan for the stabilization of the finances of the Association which will overcome this difficulty by providing our own National Headquarters Building that will be adequate for the accommodation of necessary personnel. A special Housing Fund has been inaugurated with an initial appropriation by the Association from the 1949 operating surplus. It is anticipated that additional voluntary contributions will be made to the Housing Fund by the Corporate Members and also by interested individuals, to make this project a reality in the very near future.

Council on Dental Education

Important advances were established by the Council on Dental Education during the year. One of the most important of these was the report on Pre-professional Education in Dentistry, compiled by the late Dr. T. Cowling, which was approved for publication. This report was prepared with the same meticulous care which characterized all of Dr. Cowling's writings. In Dr. Cowling's passing, dental education in Canada has sustained a distinct loss.

Approval has been given and the personnel selected for a survey team for

the accreditation of the courses of instruction in dentistry in our Canadian Universities. A survey team of three, composed of two representatives of the dental profession, and a prominent educationalist. The personnel of the survey team includes Dr. A. L. Walsh, former Dean of the Faculty of Dentistry, McGill University, Dr. Harvey W. Reid, Toronto, and Dr. A. C. Lewis, Dean of the Ontario College of Education, Toronto.

In the minds of some, the approval of a dental school by the Council on Dental Education may not be considered important, but, it should be pointed out that administrators of the dental schools favour the survey as it provides them with useful data to present to University authorities in the consideration of pertinent problems such as staff appointments, curricula, or improved teaching facilities, etc.

Commencing September 1st, 1950, a limited number of D.P. dentists will be admitted to a two-year course of instruction, authorized by the Board of Governors, as qualification for the practice of dentistry in Canada. This decision has been made only after a careful study of the variations in standards of the certificates presented by the European graduate dentists for evaluation. Progress was made in the establishment of a National Board of Dental Examiners.

75th Anniversary of Dental Education

The development of dental education in Canada was reviewed in a very able manner by Dr. John Fisher in his address at the luncheon on Monday. Dr. Fisher's address was the first of three events in a program to commemorate the 75th Anniversary of the founding of Dental Education in Canada. The clinical at-home arranged through the kind cooperation of Dean R. G. Ellis for Wednesday afternoon at the Faculty of Dentistry building provided the second event and was a veritable post-graduate course in itself, the breadth and scope of which has not heretofore been attempted in Canada. The third event also took place on Wednesday. At a convocation at the University of Alberta, a distinguished member of the dental profession, Dr. John Clay, received an honorary L.L.D. degree. This well deserved recognition of Dr. Clay's merit reflects honour on our profession.

It would be appropriate at this time to pay tribute to the Deans of the Canadian School who, during the past seventy-five years, have played such a prominent role in the development of dentistry in Canada. Their vision and foresight have been largely responsible for raising the status of dentistry to its present high professional level. With singular devotion they have shifted the emphasis of dental teaching from the replacement of lost dental organs to the prevention and control of dental diseases. We look forward with confidence that as the future unfolds, research, under the competent leadership of the Deans of our Dental Schools, will usher in an era in which the major service of the members of our profession in Canada will be the prevention of dental diseases.

ANNUAL MEETING

Newfoundland Dental Association

With the ratification of the admission of the Newfoundland Dental Association into Corporate Membership, this afternoon, this Annual Meeting of the Canadian Dental Association becomes a memorable one. This is the first time since our Association's incorporation that a Provincial Dental Association has made application for admission as a Corporate Member and it is significant because of the fact that it unifies in our National Body all the members of the dental profession in Canada. Our Newfoundland dentists bring with them a heritage of experience which will contribute greatly to the enrichment of our professional fellowship.

War Services Memorial Award

The subject chosen for this year's competition, open to members of the graduating class of the five Canadian Universities, was

"The Control and Elimination of Pain in Dental Procedures".

It is my pleasure to announce the winners of the Award for 1950. They are:

1st — Bruce M. Jackson, University of Toronto

2nd — Conrad Brouillet, University of Montreal.

On your behalf I extend congratulations to these young men upon their achievement.

In conclusion, I wish to express my deep appreciation for the honour of serving as your President during the past year. To have been associated with my colleagues upon the Executive, the Board of Governors and Committees of this Association has been an esteemed privilege.

Personally, and on your behalf, I wish to extend grateful thanks to them and all others who have contributed to the welfare of the Association during the past year. We are especially grateful to our capable Secretary and his efficient staff whose splendid cooperation at all times lightens the duties of each successive presiding officer. To my successor I offer most hearty congratulations. The knowledge that he will also receive the whole-hearted support of the membership and officers will also help to make his tenure of office pleasurable and successful.

PRESENTATION OF HONORARY MEMBERSHIP TO

DR. S. A. MOORE

(President's Remarks)

Each year, it is our custom to single out, for special recognition, one of our members to whom our profession is indebted for its progress and high standing. This group of dentists have priority rating in our Association. They are Honorary Members.

At this time we are to add to that illustrious group, the name of another illustrious confrere.

It is my happy privilege now to present for Honorary Membership in the Canadian Dental Association the name of Dr. Stephen A. Moore.

Dr. Moore was born in Belleville, Ontario, and received his preliminary education in Toronto. After a few years in the business world, he entered upon the study of dentistry, graduating from the R.C.D.S. in 1919. During his course he served for two years as a Sergeant in the Canadian Army Dental Corps.

After some years in general practice in London, Ont., Dr. Moore limited his practice to Orthodontics. He also has been active in sport and fraternal circles. His activities in organized dentistry include the Presidencies of the London Dental Society, the Ontario Dental Association and the Canadian Dental Association, all of which positions he occupied with credit to himself and the office which he held.

In 1934 the Journal of the Canadian Dental Association was born and Dr. Moore's previous business experience was offered gratuitously as Business Manager for nine years. Several times, owing to reasons of health, he asked to be relieved of this burden, but on each occasion consented to carry on until 1942 when it was possible to relieve him of this responsibility.

During Dr. Moore's Presidency of the Canadian Dental Association, conferences were held with the Department of National Defence which resulted in the formation of the Royal Canadian Dental Corps. His continued interest in the welfare of the Corps was recognized by his appointment as Honorary Lieutenant-Colonel of the Canadian Dental Corps. Dr. Moore has retired from practice to devote his full time and attention to his family.

The audience rose with Dr. Moore and President Fisk addressed him as follows:

"Dr. Moore — it affords me great pleasure on behalf of the Board of Governors to ask you to accept this certificate of Honorary Membership in the Canadian Dental Association as a symbol of the esteem in which you are held by your confreres."

DR. MOORE'S RESPONSE

"I feel very humble and terribly embarrassed. I accept the Honorary Membership in the Canadian Dental Association with a feeling of deep gratitude and wish to thank Dr. Fisk for his kind remarks. Like most Irishmen, I enjoy an argument, but kind words overwhelm me.

Some individuals have more opportunity for greater service but they could do little without the support of the members of the organization. As I look upon your faces I see so many who have given unselfishly of their time and efforts when this assistance was badly needed. You really earned the recognition I have received today.

ANNUAL MEETING

This certificate will have an honoured place in my home and be a constant reminder of this happy occasion and the many friendships made while serving you as an officer of the Canadian Dental Association.

ADMISSION OF NEWFOUNDLAND TO CORPORATE MEMBERSHIP

(President's Remarks)

Dr. E. P. Kavanagh, the official representative of the Newfoundland Dental Association was present by invitation, to participate in the formal ratification of the admission of the Newfoundland Dental Association into Corporate Membership in the Canadian Dental Association.

Briefly, the events preceding this ceremony were as follows:

At the meeting of the Board of Governors held at Saskatoon last year (which was the first meeting of the Board held after Newfoundland became a Canadian Province) the President and Secretary of the C.D.A. were instructed to visit Newfoundland to extend an invitation to the Newfoundland Dental Association to become a Corporate Member of the C.D.A. Following a meeting with the Newfoundland dentists held in St. John's on October 31, 1949, a resolution was received which was read at the meeting by the Secretary, the text of the resolution follows:

"Whereas Newfoundland has become a province of the Dominion of Canada and whereas the members of the Newfoundland Dental Association have been invited to become members of the Canadian Dental Association, be it resolved

THAT application be made to the Board of Governors of the Canadian Dental Association, on behalf of the members of the Newfoundland Dental Association to become Corporate Members of the Canadian Dental Association."

This resolution was approved by the Executive at a meeting held on February 13th, 1950, and recommended for favourable consideration by the Board of Governors who gave approval at the session just completed. Under the Constitution of the Association it must be presented at a general meeting for ratification.

At this point in the proceedings, the President called for a motion which Dr. H. M. Cline of Vancouver presented after reading the first sentence of Article II, Sec. 1 of the By-laws which is as follows.

"Corporate members shall consist of all provincial statutory dental corporations which shall have made application for and shall have been admitted to Corporate Membership by the members of the Association in general meeting regularly assembled."

It was then regularly moved by Dr. H. M. Cline and seconded by Dr. G. Ratté.

"That the application of the Newfoundland Dental Association for Corporate Membership in the C.D.A. be ratified."

The motion was carried unanimously by a standing vote of the large and representative number of the members.

Dr. Fisk then addressed Dr. E. P. Kavanagh as follows:

"Dr. Kavanagh — by unanimous vote, the members of the Newfoundland Dental Association have been elected to Corporate Membership in the C.D.A."

"It affords me much pleasure, on behalf of the dentists of Canada, to welcome you into this active partnership. It is our conviction that you will contribute greatly towards the raising of the status of the profession of dentistry across Canada."

Dr. Kavanagh then addressed the meeting, following which he was thanked and requested to convey the best wishes of the meeting to the members of the Tenth Corporate Member of the C.D.A.

DR. KAVANAGH'S ADDRESS

"Mr. President, I am very honoured and happy to be the first Newfoundlander to address you, Sir, as President, and the members of your organization as Fellow Members of the Canadian Dental Association.

I bring fraternal greetings from your tenth Province, and I have been instructed to convey to you an expression of our appreciation of the many courtesies extended to us from the first day of the union of our two countries, by your administrative staff.

We, in Newfoundland, were happy last October to welcome you, Mr. President, and with you, your Secretary, Dr. Gullett, to our shores. We hope that the incoming President will find it convenient to visit our Province during his country-wide visitation this year.

It has been a real experience to me to have had the privilege of attending your Board of Governors' Meeting. I have been amazed at the amount of work which they do, at the way they go about it, and with the degree of scholarship so evident in each and every one of them.

I have realized that there is not a great deal of difference between us. Basically, we have the same problems. Yours, of course, are much greater and more complex than ours but like you, we openly and freely discuss them and like you, we can try to see the other fellow's point of view.

I have with me at this meeting a colleague from Newfoundland — Dr. Frank Hogan, whom a few of you have already met. We both have tried to be ambassadors from our country at this time, and we have been particularly insistent on how you pronounce the word "Newfoundland".

You, in turn, have given us a few words and when we get back home, some time the end of the week, I suppose, and make up our minds to go back to work, we have decided that our assistants are to be instructed that when someone phones for an appointment, the patient is not to be told that

ANNUAL MEETING

he or she can have one on the following day, but rather that "we concur", "we agree", "we have no comment", or "the appointment could be made available if we could delete some other patient's name, from, say, ten to eleven a.m., from the numeral one to ten inclusive!, and, as Dr. Charron would say, "Period".

Unfortunately, it is not possible for me at this time to extend to this Association an invitation to come to Newfoundland for an Annual Meeting — if I might borrow an expression from Dr. Carver — in the foreseeable future, but rest assured if at any time any member of this Association should be in our province and he or she will call on Dr. Hogan or myself or any other of the Indians in practice, he will be given a reception straight from our hearts.

For a little over a year, since the day of union, your Association has not been national. With the adoption of the motion just passed you can again say that you represent all of Canada.

Mr. President, on behalf of the Newfoundland Dental Association, I am pleased to accept corporate membership in your Corporation. I wish the Canadian Dental Association every success in all its endeavours. Thank you very much."

At the open session of the C.D.A. which followed, President Fisk announced:—

"Inasmuch as this is a Joint Convention and as the greetings of the American Dental Association were presented at the luncheon meeting on Monday by Dr. C. I. Taggart, and those of the British Dental Association will be presented at the luncheon meeting on Wednesday by Dr. J. G. Parfitt, the Secretary was instructed to read these addresses into the minutes of our Association.

OFFICIAL REPRESENTATIVES

Dr. C. I. Taggart of Burlington, Vermont, a member of the Board of Trustees of the American Dental Association attended the Convention as Official Representative of the A.D.A. At the luncheon held on Monday, May 15th for those attending the meeting, Dr. Taggart expressed official greetings from the American Dental Association. He spoke briefly upon the celebration of the 75th Anniversary of the establishment of dental education in Canada.

The British Dental Association was officially represented by J. B. Parfitt a Past President of that Association. At the open luncheon held on Wednesday, May 17th he spoke as follows:

"Mr. President and Gentlemen:

Ten days ago I had a cable from the Secretary of the British Dental Association telling me that his council had entrusted to me the honourable and pleasant task of conveying its greetings to your great Association.

Some seventeen years ago I attended the combined meeting of the Canadian and British Dental Associations. I well remember the wonderful welcome we received and the kindness you extended to us all.

I also remember donning my cap and gown and marching in procession to the great Hall of the University to witness the conferment of a Doctor's Degree on our Past President Mr. George Northcroft.

I am now present at the 1950 Convention of your Association in this lively City of Toronto and I should like to thank you, Mr. President, and all the officers and members of your Association for all the many kindnesses I have received.

I am having a wonderful time and am enjoying the programme very much indeed.

I am particularly gratified and encouraged by the fact the main theme of this Convention is the Prevention of Dental Disease. Not only is Prevention in the air, I might say that at this meeting it is the air we breathe, the path on which we are travelling and the goal which we hope some day to attain. Prevention is the main impression I shall carry away with me and I wish all my friends at home could breathe this invigorating atmosphere and catch its enthusiasm.

I know that time passes and I will now deliver my message.

I am charged, Mr. President, to convey from the President and Council of the British Dental Association the very heartiest fraternal greetings and very best wishes to yourself personally and to the members of your great Association both collectively and individually.

We also wish your whole Association and each individual member greater and greater success in your battle against dental disease. Some people seem to think the battle will never be won, but I dare to be optimistic enough to prophesy that some time, probably when I am blowing about on the west wind, dental disease will join the Black Death as one of those evils that have passed away from the oral world and can only be studied in the history books."

INSTALLATION OF PRESIDENT

The installation of President for 1950-51 took place at the luncheon held on Wednesday, May 17th. Dr. J. K. Carver, a Past President of the C.D.A. acted as Installing Officer. He spoke as follows:

"Gentlemen:

'The King is dead — Long live the King'.

These are the traditional words that record for posterity a change in the line of succession of monarchs, the world over. With them is carried a wealth of meaning of sadness and rejoicing. Sadness that the reign of one has come to an — Rejoicing that a capable successor is at hand to carry on the long line of succession.

Since these are the exact sentiments that pervade the membership of this

ANNUAL MEETING

Association on occasions such as this, perhaps I shall be excused for any seeming disrespect when I make use of this monarchical expression.

Today we witness the end of the Presidential Reign of Dr. G. Vernon Fisk and the succession to that exalted office of another, of whom I shall have more to say in a few minutes. To Dr. Fisk, however, I should like to say how very grateful the members of the Association feel towards him for his year of service and sacrifice on their behalf. **Everyone realizes full well** that it is not because of any lack of physical vitality that a change in leadership is being effected, but rather, that common sense dictates that it would be an imposition to expect anyone to devote any longer than one year to the arduous and time-exacting office that the Presidency of this Association entails at the present time.

The Profession of Dentistry in common with its sister profession is founded upon the "Ideal of Service" and Dr. Fisk has exemplified that Ideal in traditional fashion. We thank him for this and for the capable leadership that he has shown, and we couple with these an expression of our gratitude to his charming wife, Olive, for having so graciously and generously shared him with us.

And now Gentlemen — I have the honour to present to you the one who has been chosen to be your new President.

Dr. R. P. Lowery is a man who is so well known to the majority here that it seems superfluous for me to introduce him except for the record.

He was born in Tottenham, Ontario, and received his early education at Humberside Collegiate in this City of Toronto. He graduated from the Faculty of Dentistry, University of Toronto, in 1923 since which time he has practised successfully here. He was President of the Ontario Dental Association 1947-48 and for some time has been an "Associate" on the staff of the Faculty of Dentistry. He is a veteran of World War I when he won his Commission in the Field while serving with the 20th Battalion. He is married and has a family of two children.

Dr. Lowery, or "Perc" as we know him, is no newcomer to the Canadian Dental Association, for, like his predecessor in office he served the Association for a number of years as chairman of the Publications Committee which is responsible for the Journal administration and more recently he has been a member of the Board of Governors. From the very beginning he was a "marked man", in the sense that it was soon evident that he possessed those rare qualities of leadership that would one day bring him to high office in the Association. Today he fulfils that destiny.

In assuming the office of President, I am sure that Dr. Lowery is conscious of the heavy responsibilities with which he is faced. Nevertheless, like all of his predecessors, it is quite safe to say that he appreciates that this is the highest honour in the giving of the Profession in Canada.

I entertain no doubt that he will fill the office with honour to himself and with great credit to the Profession.

In your name, therefore, I extend to Dr. Lowery the heartiest congratulations of his colleagues, and pledge him your fullest cooperation in all of his endeavours.

The newly elected President made the following remarks upon accepting the office:

"In accepting this unique honour which you, Dr. Ken Carver, on behalf of the Canadian Dental Association, has so graciously conferred on me, I am deeply conscious and extremely grateful. As for the responsibility involved, I have no illusions. However, in spite of my limitations, with the gracious and intelligent cooperation and guidance of my friend and your friend Dr. Vern Fisk on one side, and on the other your President Elect Dr. Harold Cline, a man in whom we all have abiding confidence, and behind me, the Board of Governors, Committee chairmen and committee members and editorial staff, a body of men, the privilege of knowing and working with, is indeed an honour in itself, and in front of me my friends and challengers, putting for me, and the whole, surrounded and guided by our Secretary and friend Dr. Don Gullett, it is possible that when I turn the gavel over to Dr. Harold Cline in September, 1951 at Ottawa, I will at least be found in an upright position.

And finally my prayer is and will be that the blessing of God might rest on the Dental profession, guiding and directing it in paths which are worthy.

1951

TRANSACTIONS

OF THE

CANADIAN DENTAL

ASSOCIATION

SEP 26 1951

ANNUAL MEETING
CHATEAU LAURIER HOTEL
OTTAWA, ONT.
SEPTEMBER 19-26, 1951

TRANSACTIONS

OF THE

CANADIAN DENTAL

ASSOCIATION



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TORONTO

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BOARD
OF
GOVERNORS

OFFICIALS

1950-1951

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<i>President-elect</i> - - - - -	H. M. CLINE, Vancouver
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R. P. LOWERY, G. V. FISK, H. M. CLINE,
GUSTAVE RATTE, A. J. COUGHLAN, DON W. GULLETT

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PRESIDENT'S REPORT TO BOARD OF GOVERNORS

1. To be privileged to welcome you, who have since our last meeting, exemplified to an unprecedented degree, a national unity, to our National Capital, is no small honour. I know that during our deliberations here the same cooperative spirit will continue.

2. I wish to express on your behalf to our hosts, the President, Dr. Paul Cote, and the officers of the E.O.D.A., our sincere appreciation. They have worked untiringly to make our stay here a very pleasant one. To the Ladies Committee a special vote of thanks. They have left no stone unturned to make certain our ladies will long remember this visit to Ottawa. To our joint convention Chairman, Dr. W. H. Pritchard, and his Committee, whose names appear on our program, we say many thanks for a job well done and to wish all these good people a happy future.

3. However, a note of sadness, I am sure is present in everyone's heart on this occasion as we pay a silent tribute to the memory of one of our beloved confreres, Dr. Ken Carver. To his memory, as one of the sincerest exponents of this National Unity, I would ask you to rise in a minute's silence.

4. As President, I am happy to welcome not only many of the standbys, but particularly the new members of the Board of Governors to this meeting. To Dr. Gerald Racey, Quebec; Dr. J. P. Miller, of P.E. Island; Dr. Ken Johnson, of Manitoba; and Dr. J. Whyte, of Saskatchewan, I say congratulations and I would urge you to participate to the full in the deliberations to follow and to express a wish to each one of you for a happy association as a member of the Board of Governors.

5. To attempt in any way to properly assess the work of our twenty committees, would not only be presumptuous on my part but would detract from the time which should be given to the proper perusal of their reports.

6. In reading reports of past presidents, I find that each one without exception has had something outstanding to comment on. I feel that this year is no exception, nor should it be, such is progress.

7. The encouraging efforts of the Council on Dental Education, as it relates particularly, to the exploratory meeting towards the formation of a National Examining Board, and to which meeting all provinces sent representatives, calls for special commendation. The spirit of co-operation and harmony exemplified at their meeting speaks volumes for the measure of unity within our national body.

8. I could not justify silence, in relation to our Journal. The Editor-in-

PRESIDENT

Chief, the Associate Editor, the French Editor, the Provincial Editors and the Committee on Publications, have done a remarkable piece of work. To them we owe much.

9. It is considered dangerous and perhaps poor politics to single out any one or more committees without mentioning all, but I am sure when you study the several reports you will agree with me when I say that I am very proud, yes and honoured, to have had the privilege of being associated with so many good men and true. To all I say in the name of Canadian dentistry—thanks for a job well done.

10. To remind you that we have a National Headquarters building, and one of which we should all be proud, is perhaps not necessary. But, I believe that this structure exemplifies the national unity of the dental profession. To all those who throughout the past years have dreamed and worked to that end and to those who gave so much to make that dream come true, we as individual members at large say well done and thank you.

11. I suppose this is the hour and the place that I your President, am supposed to justify my elevation to this office by relating on my own activities. That, I have no intention of doing other than to say that I have left undone so much that I should have done that it leaves me with no small measure of remorse. However, I will say and say truthfully, that any contacts I have made across the country have convinced me, although I did not need much convincing, that we need have no fear for the future of our beloved profession.

12. To my Executive, to our Secretary and *still* my personal friend, Dr. Gullett, and to his staff, and last but not least to you men of the Board honoring me in this office, I offer my sincere thanks and to wish for each one of you a happy future.

Observations On My Trip From Coast To Coast

1. The unselfish contribution of so many, to the planning of the itinerary meetings of President and Secretary.
2. The unlimited hospitality not only of societies in general, but also individuals of the society.
3. The personal sacrifice of individuals in the successful attempt to entertain.
4. The evident enthusiasm all across the country for our new headquarters.
5. The optimistic outlook not only of the so-called older men, but that of the younger men.
6. The expressed need of continued information not only by the printed word, but also and perhaps the more important medium of word of mouth. It is just possible that those of us who are officers take too much

for granted and are too dependent on our headquarters for the distribution of information.

Recommendations

1. That the President be relieved of the necessity of a complete coast to coast tour during his term of office. He could take the East or West as the case may be, and the remainder be the responsibility of the President-elect.
2. That the recommendations of the Public Relations Committee be given very thorough and favourable consideration. We do need an accelerated professional relations program.
3. That our Secretary, Dr. Gullett, be delegated as our representative to London in 1952 and some consideration be given him for a holiday as a tangible recognition, in part, of his services to our Association.

Respectfully submitted,

R. P. LOWERY,

President.

COMMENT ON PRESIDENT'S ADDRESS

Our President highlights his report with two words "National Unity", and we feel that such a thought is the basis for a strong and healthy Canadian dental organization.

We heartily concur in the sentiments expressed in paragraph 2.

With our President we pay tribute and lament the passing of one from our midst who gave so unselfishly for the betterment of our Association, Dr. Ken Carver.

We commend the President for his energy and initiative, in fostering and successfully carrying out, with his committees, the plans for our new headquarters building. We are justly proud of it.

As our President's term of office draws to a close we feel justified in saying to him, "Well done, thou good and faithful servant," for he has elevated and lent dignity to our organization on all occasions and created a marked enthusiasm among our membership.

We approve the recommendation of the President that our Secretary be delegated to represent the Canadian Dental Association at the London Congress, 1952, and that financial consideration be given him to make this a holiday if our finances allow.

APPROVED.

REPORT OF THE SECRETARY

To say that the past year has been one of progress for Canadian dentistry would be to speak in terms of extreme moderation. The tangible accomplishments have brought into fruition many of the fondest desires of earnest workers over many years. Unfortunately, one of our most enthusiastic and active members, namely, Dr. J. K. Carver, did not live to see his dream materialize. And yet, it must not be forgotten that our present accomplishments are due in a large measure to the work done by those who went before us. It was they who carried the torch and through much disappointment, saw it grow dim, but never lost an opportunity to renew the flame, with the end result that we now benefit. To the ordinary member goes the real credit for the enthusiastic support given and without which no progress would be possible. The spirit, which bricks and mortar may or may not form a part, is the important ingredient for the success of any association. The cultivation of spiritual ideals, the motivation of strengthening ties and the pursuing of progressive pursuits in dentistry are objectives to which the Association must hitch its wagon. As said of old, "one swallow does not make a summer", and neither let us think but that a foundation has been laid upon which a superstructure is to be erected, for the benefit of the public and the dental profession.

1. The New Headquarters

Since the opening of the new headquarters, members of the Association, distinguished visitors from near and far, and laymen have paid visits, and without exception, have spoken in most complimentary terms. This attitude cannot be better expressed than by using the words of one Cabinet Minister who recently said: "Canadian dentists did more to elevate their prestige by this one step than could have been accomplished in any other way."

2. Administration

More time than anticipated has appeared to be necessary in re-organizing the headquarters administration. With the concurrence of the Executive, procedure in this matter has been made slowly and it is hoped with some degree of certainty. The physical facilities now provided lend themselves to more extensive and better work, which is the main aim. The staff desire me to express to you their appreciation which I know will be fully repaid by them through loyalty in the service. It is hoped that by the end of the present year the office personnel will be fully organized.

3. Provincial Committees

Some years ago attempt was made to organize in the provinces committees

with which similar C.D.A. committees could co-operate. This appeared to be an ideal arrangement whereby an exchange of ideas could be established with the resulting uniformity of policy during the formation stage as well as in finality. Some provinces co-operated well, but on the whole its success left much to be desired. Recently several of the provinces have re-established committees and seek closer relationship with similar C.D.A. committees. Real need exists for these committees particularly in respect to Public Relations, Dental Public Health and Health Insurance Studies.

4. Information Bulletin

During the year a new publication was initiated which has been named "Information Bulletin". The purpose of this publication is to serve specific committees to whom the bulletin is sent. Information coming to headquarters, relating to work of a committee, is reproduced and forwarded to the respective committee members. In order that members of the Board will be cognizant, copy of each bulletin is forwarded to them. It is hoped to expand this service to committees.

5. Civilian Defense

Several meetings of the Working Party on Civilian Defence Casualties of the Department of National Health and Welfare have been held during the year. Care has been exercised not to release information until assurance exists for its correctness. A policy statement for dentists was submitted and adopted, which is as follows:

THE ROLE OF DENTISTS IN THE CIVIL DEFENCE HEALTH SERVICE PROGRAM

The following policy statement was prepared by the Canadian Dental Association and approved by the Working Party on Casualty Services. It outlines the role of dentists in the civil defence health service program.

In Particular

- a. Dental Societies should carefully survey dentists in local areas.
- b. Allocation of personnel should be carefully arranged in respect to such matters as
 - (i) Dentists liable for call in R.C.D.C. should not be given chief responsibilities.
 - (ii) Dentists with special training should be allocated to positions where the training can be taken advantage of.
- c. Dentists can probably best serve as part of a team with medical, nursing and other personnel. (Dentists should be trained to be able to take over as head of team, if necessary.)
- d. Dentists, with a minimum of additional training, can serve in the fields of anesthesia, first aid, medical assistants, blood transfusions, etc.

SECRETARY

- e. Dentists outside municipalities should be included in any training program as they may easily become the most important.
- f. Intensive training in all phases necessary in order that dentists may function in different capacities.

In General

- a. It is considered that training can best be carried out in representative team arrangement.
- b. Emphasis will probably be placed on target areas and training should be intensified in these areas.
- c. Distribution of educational subject matter is necessary.

Reprints of pertinent articles on the subject have been distributed to members of the profession by the department. It is proposed that members of the health profession will be requested to work in co-operating teams. Proposal has been made that lecturers address combined professional society meetings in the local areas. For duties, which may arise, in connection with this matter it is suggested that the Dental Services Committee be designated.

6. National Examining Board

Following the direction given at the last Annual Meeting, a meeting of Representatives of the Provincial Licensing Boards (Councils) was called. This meeting took place in February last. The full report of the discussions which occurred on that occasion has been distributed. The result of the meeting was most satisfactory and can be expressed through recording the resolution which was passed unanimously at the close of the meeting. The resolution reads as follows: "That the Executive of the C.D.A. proceed with the procedure of incorporation of a National Examining Board". At a meeting of the Executive which immediately followed that of the Representatives direction was given to the Secretary to proceed in the drafting of the necessary legislation through the Association's Solicitor. It should be noted that this proposed legislation will have to do with administration only. By-laws and regulations will succeed the enactment of the proposed statute and it is deemed advisable for those who will be appointed to administer the new organization to draft the by-laws, guided by the recommendations as approved.

7. Personnel

(a) Present Supply

The increased number of graduates from the schools during 1950 resulted in a slight betterment of ratio of dentists to population for 1951. The overall ratio for 1950 was one dentist to 3,002 of the population and for 1951 one dentist to 2,819. The number of graduates for 1951 is again larger than ordinary which will result in some improvement of ratio for the current

year. The graduates of 1950 and 1951 represent the increased number of students who were admitted to the schools immediately following the war. The Students' Register indicates that in the next following years the number of graduates will be reduced to normal numbers so that improved ratio to any extent cannot be anticipated after the present year. Particularly will this be true if the populaion continues to increase at the present rate. In addition, the fact that a rather high percentage of practising dentists are over 50 years of age may quite possibly lead to an increase in the number of retirements. Actually the number of dentists in Canada increased by 285 during the year 1950.

(b) Future Supply

As a result of the action taken upon the need for an increased number of dentists at the last Annual Meeting investigation has been made respecting the possibility of securing financial aid. During recent months considerable interest has been shown by the authorities in this matter and there is every indication that monies can be obtained for educational facilities in dentistry. These discussions have given rise to inquiries respecting the proper location of additional facilities, the required facilities, and costs. Considerable need exists for a study of these matters in detail so that the Association would be in a better position to advise, than with existing information.

8. Co-operation With Federal Departments

The Association has enjoyed splendid co-operation with federal departments during the past year. Particular mention should be made of the readiness on the part of the three dental directors of dental divisions in federal departments who have given valuable assistance on all possible occasions.

9. Future Activities

Requests for new activities are made by members of the Association almost continuously, which can be interpreted as a healthy sign. If finalized, the establishment of the proposed national examining board will be received with rejoicing, particularly by the younger members. Considerable interest has been shown, through a great number of inquiries, in the proposed pension trust plan for members of the Association. Many other projects are suggested by the membership among which the most prominent are: (1) the providing of a simplified accounting system for dentists in order to take care of the increasing complicated taxation details, etc.; (2) the investigating of an arrangement for group protective liability insurance; (3) the establishment of a regular economic survey of the profession on a sound basis for guidance purposes. These and other projects will be carefully considered by the Executive and proceeded with in accordance with their feasibility and with due regard to the financial outlay.

10. Recommendation

Recommendation is made that any future activities in respect to civilian

SECRETARY

defence be allotted to the Committee on Dental Services, otherwise the report is informational.

Respectfully submitted,

DON W. GULLETT,

Secretary.

COMMENT AND RECOMMENDATIONS

We wish to compliment the Secretary on the very informative report presented.

New Headquarters—Concur.

Administration—No comment.

Provincial Committees—We recommend that the Corporate Members of the C.D.A. be requested to appoint active Public Relations, Dental Public Health and Health Insurance Committees and that these committees be correlated with the corresponding committees of the C.D.A.

Information Bulletin—We commend this service and recommend expansion.

Civilian Defence—Concur.

National Examining Board—We concur and express satisfaction at the progress achieved.

Personnel—(a) Present Supply—Concur.

(b) Future Supply—We deplore the inadequate facilities for the training of sufficient dental personnel in Canada and recommend that the Executive of the C.D.A. be requested to bring this fact to the attention of the Minister of Health in the several provinces.

Cooperation with Federal Departments—Concur. We express appreciation that such has been the case.

Future Activities—Concur.

APPROVED

MEMBERS OF EXECUTIVE: R. P. LOWERY, Chairman, Toronto, Ont.; G. V. FISK, Toronto, Ont.; HAROLD M. CLINE, Vancouver, B.C.; G. RATTE, Quebec, P.Q.; A. J. COUGHLAN, Saint John, N.B.; DON W. GULLETT, Toronto, Ont.

REPORT

1. Four meetings of your Executive Committee were held since the last Annual Meeting.

2. Following is a brief report of the matters which received attention and the action taken or the recommendation made in each instance.

3. Convention 1951

Approval was given to the report of Dr. W. H. Pritchard on his presentation as annual chairman of this Joint Convention.

4. Pension Trust Plan

Very serious and lengthy consideration was given to presentations by Mr. Williamson and he was given permission to proceed with this plan, subject to final approval by the Executive when the contract is completed and ready for signature.

Drs. P. G. Anderson and R. P. Lowery were appointed to act as trustees for supervision of the proposed plan.

5. Canadian Dental Nurses and Assistants Association

It was recommended that the Canadian Dental Association, while not opposed to the incorporation would not at this time endorse same.

6. Dental Public Health

That the chairman and his committee be commended for their progressive report and that their budget requirements be raised to one thousand dollars.

7. British Dental Association

That the invitation to our Secretary to attend their meeting in 1951 be declined.

8. Canadian Society of Dentistry for Children

That the application of this society to be a section be approved subject to approval of terms of reference when formulated.

9. Rental Payment to Housing Fund

That rental of three hundred dollars per month be paid by the C.D.A. to the Housing Fund.

EXECUTIVE

10. **Property Insurance**

Property Insurance arrangements as made were approved.

11. **Reserve Fund**

The establishment of a reserve fund using the bonds presently held as the initial deposit. Interest accruing from said bonds be transferred to general account.

12. **Rental Conditions, C.D.A. Headquarters Building**

Conditions of rental were approved.

13. **Resolution from Public Relations Committee**

This resolution approved; whereby the graduating class of each school be addressed by an active association representative.

14. **Library Trust Fund**

Approval of the establishment of a Library Trust Fund.

15. **Headquarters Personnel**

Staff personnel was reviewed and authorization given to supplement same, in part with cooperation of R.C.D.S.

16. **Honorarium for President**

No action taken.

17. **Members on Full-Time Salary with Federal Government**

Each corporate member was reminded that the C.D.A. was definitely interested and was prepared to cooperate, in the knowledge that this matter was the responsibility of the corporate member.

18. **Overseas Applicants**

Endorsed the resolution of the Council on Dental Education.

19. **French Editor's Annual Report**

Suggestion referred to Secretary for consideration and cooperation.

20. **Housing Committee**

Approval of appointment of a housing committee as custodians of our headquarters building. Terms of reference attached as Appendix A.

21. **Council on Dental Education**

That a separate account be established.

22. **Association Crest**

New design approved; to include all provinces.

23. **War Memorial Award Subject 1951-52**
Psychology in Dental Practice.
24. **Association Solicitor**
Appointment of Mr. G. D. Watson.
25. **1952 Convention Chairman**
Dr. William Miller.
26. **Hospital Plan for Headquarters Staff**
That the Blue Cross Plan for Hospital Care be provided for employees.
27. **Incorporation of National Examining Board**
The Secretary was instructed to proceed.
28. **Budget 1951**
Approved as amended.
29. **Finance Committee**
The new chairman to be appointed by the President. Dr. Ratté was so appointed in cooperation with the nominating committee.
30. **Association Colours**
The official colours to be emerald green with gold.
31. **London Dental Congress 1952**
Dr. D. W. Gullett named as official representative to F.D.I. and London Dental Congress and to other centres in Great Britain and Europe to *observe* dental conditions and trends.
32. **Budget 1952**
Approved and forwarded to annual meeting.
33. **Directory**
Decided to print directory in 1952.
34. **Public Relations**
Recognized the need for a planned programme but in keeping with our financial situation.
35. Honorary Membership nominee approved.
36. Dr. Harvey Reid to be installing officer for 1951 annual meeting.
37. Agenda for 1951 Annual Meeting Board of Governors was approved.

EXECUTIVE

38. Sections — C.D.A.

Terms of reference for sections were approved and are attached as Appendix B.

39. Board Members expenses at Annual Meeting

The following motion was passed: "That the hotel expenses of those officially present at the Annual Meeting be paid up to 3.00 p.m. on the day following the adjournment of the Board of Governors meeting".

NOTATION BY CHAIRMAN

AS SUGGESTED IN DISCUSSION BY MEMBERS OF EXECUTIVE

1. It is recommended that the Board of Governors be prepared to pass on the final presentation of Mr. Williamson. Your Executive definitely favours this plan as being in the best interests of our profession.
2. Direction as to future action by the Executive under paragraph 17 of this report.
3. Referring to paragraph 31. —Our participation as an active member will on passage of the new constitution and by-laws of F.D.I., involve an expenditure of about \$1000.00 annually exclusive of delegates expenses. Your Executive is convinced that our horizon must be extended to include this world dental organization.

SUBMITTED FOR APPROVAL

Appendix "A"

TERMS OF REFERENCE

for

COMMITTEE ON HOUSING

The Committee on Housing shall be a special committee of three members nominated and elected annually by the Board of Governors. The Chairman shall be elected annually by the Board of Governors.

The Committee shall have power to appoint sub-committees, from time to time, as required, and to employ such personnel as necessary within its jurisdiction provided that if such employment involves the expenditure of funds, other than those already allotted to the Committee, the approval of the Executive must be obtained.

The Chairman shall make report at the Annual Meeting of the Board of Governors.

The duties of the Committee shall be:

1. To act as custodians of the headquarters property.
2. To be responsible to the Executive for the administration of the Housing Fund.
3. To arrange and oversee all necessary repairs and alterations to the building and grounds.
4. In general, to accept responsibility for the maintenance and improvement of the headquarters property in keeping with professional standards.

Appendix "B"

PROPOSED TERMS OF REFERENCE FOR SECTIONS

Sections of the C.D.A. may be recognized, upon application, under the following terms:

1. That all by-laws and regulations of the Section accompany the application for the approval of the Board of Governors, Canadian Dental Association.
2. That all amendments to the by-laws and regulations, from time to time, be submitted at the next regular meeting of the Board of Governors before being put into effect.
3. That the membership in the Section shall be determined by the members of that Section.
4. That the Section shall elect from amongst its members a Chairman, Vice Chairman, and Secretary and other officers found desirable.
5. That the Section shall be financially self-supporting.
6. That the Chairman of the Section shall report annually to the Board of Governors of the Canadian Dental Association.
7. That the function of the Section shall be to make contribution directed toward the improvement of dental health services for the public and the profession.

COMMENT AND RECOMMENDATIONS

We wish to draw to the attention of all gathered at this Annual Meeting the admirable direction and decision that has been demonstrated by the Executive Committee, during this long and heavy year; and wish to commend it, on the very efficient and capable manner in which it has carried out its duties since the last Annual Meeting.

EXECUTIVE

We concur and would congratulate the Chairman of the Joint Convention Committee and its members, for the excellent plans and provisions that have been made for the "National Meeting in the National Capital".

We recommend that in the future some tangible form of appreciation be given to the retiring president at the time of turning over the gavel to the incoming president.

We heartily concur in the appointment of Dr. Ratté and wish the Chairman of the Finance Committee every good fortune in his new efforts.

We would recommend an active participation of the C.D.A. in the F.D.I.

We recommend the adoption of the report with the above comments.

APPROVED.

MEMBERS OF FINANCE COMMITTEE: GUSTAVE RATTE, Chairman, Quebec, P.Q.; A. J. COUGHLAN, Saint John, N.B.; S. J. PHILLIPS, Oshawa, Ont.; H. BADEN POWELL, Calgary, Alta.

REPORT

1. As Chairman of the Finance Committee this is one of the most appropriate moments to pay a tribute of gratitude to the memory of my predecessor, our late good friend, Dr. J. Ken Carver. In line with his way of thinking, I have been an approving witness of his activities to put the finances of our Association on a solid, stable and cooperative basis. In his capacity as President of the Association and Chairman of the Finance Committee his great tact in inducing the provinces to make a similar and constant financial effort was admired by all. An additional six months would have allowed him to see his dream come true. Organizations like our own owe greatly their importance and development to the benevolent energy and courage of persons like our late chairman. May many dentists follow his example.

2. The members of the Finance Committee as you probably know, meet on paper. They write to the chairman, giving their viewpoints on various finance problems of the Association; hence they are not responsible for the redaction of this report, which however, will try to be a true presentation of their ideas. They are not responsible, either, like most of you and myself, for the choice of the present chairman of the committee.

3. Annual Grant

The ten provinces must be congratulated for their unanimous consent to give an equal \$15.00 per capita grant to the C.D.A. The provincial representatives also must be commended for their great and sometimes arduous work of convincing the Provincial Boards of the financial needs of the Canadian Dental Association.

4. We can be pleased with the present financial situation of the Association which will permit us to meet our moderate needs. As it would be rash to ask more from the provinces for some time, we feel that the password of the finance administration should be "stabilization". However, provinces who feel able to contribute more than the suggested \$15.00 per capita grant should be respectfully encouraged to make further grants to the Association. It will be used to good purpose.

5. Expenses

Just because our income has grown, we must not think that we are rich enough to afford extravagant expense. The administration work formerly done by our devoted Secretary with limited personnel and under very poor physical

FINANCE

conditions is now performed under normal conditions in the new headquarters that Canadian Dentists have given to their Association.

6. Thought should be given to the foreseeable need of our administration purposes first and to consolidate the financial situation. It will not be possible to fulfil the desire of the Committee Chairmen who were expecting to see the names of their respective committees followed by substantial figures.

7. In order to give still more ambition to the benevolent workers of today let us recall that many of the colossal achievements of the Association already accomplished were produced in an era of 50 cent to \$1.00 per capita grants.

8. Reserve Fund

The weak link of our finance set-up seems now to be the inadequate reserve fund. \$15,000.00 has been temporarily transferred into the Housing Fund so that our reserve is slightly less than \$38,000.00.

9. 5% of our annual income plus a part of the surplus at the discretion of the Executive, should be able to build up an approximate fund of \$100,000.00 over the next ten years.

10. Publications

The Committee on Publications will have to meet an increase in printing costs. Paper will be \$10.00 higher per ton. Wage contracts between workers and printing firms will have to be renewed this fall. A sufficient grant from the C.D.A. should maintain the present size of our Journal.

11. Research

From a financial standpoint, the Research Committee with its limited budget is not in a position to conduct any research project. Its activity is limited to helping in the preparation of research workers. We recommend that the Research Committee review research in relation to the C.D.A. and make recommendations. We feel that research will be given a definite stimulus from this review.

12. Library

The same principle applies to the Library. Gifts from individuals and dental school libraries would soon fill the shelves if we circulated a list of the books that we desire.

13. Many books have already been given by generous friends. They have our gratitude. A trust fund has been set up to assure the operation of the Library for the benefit of the profession at large.

14. Auditor's Statement

The Auditor's Financial Statement for 1950 appears as Appendix A.

15. **Budget**

In order to comply with a motion adopted last year, we are submitting for your attention the attached 1952 Budget as Appendix B.

16. In conclusion, I would like to mention the fact that every member of my committee complied promptly with my request for suggestions and viewpoints concerning the finances of the Association; they must be congratulated.

We respectfully submit this report with the recommendation that it be adopted.

Appendix A.
February 1, 1951.

Dr. R. P. Lowery, President,
Canadian Dental Association,
Toronto, Ontario.

Dear Sir:—

We have audited the accounts of the CANADIAN DENTAL ASSOCIATION for the year ended December 31, 1950, and submit herewith the following statements:

Balance Sheet	Page	2
Statements of Revenue and Expenditure:		
General	"	3
Housing Fund	"	4
Dental Research Fund	"	4
War Memorial Award Fund	"	5
Council on Dental Education	"	5
The Grieve Memorial Lectureship Fund	"	6
Library Trust Fund	"	6
Statements of Receipts and Disbursements:		
General	"	7
Housing Fund	"	8
Dental Research Fund	"	9
War Memorial Award Fund	"	9
Council on Dental Education	"	10
The Grieve Memorial Lectureship Fund	"	10
Library Trust Fund	"	10

Respectfully submitted,

THORNE, MULHOLLAND, HOWSON & McPHERSON
Chartered Accountants

FINANCE

Canadian Dental Association
BALANCE SHEET

December 31, 1950

Assets

General Account:

Cash on hand and in bank	\$ 2,456.66		
Office furniture and fixtures	\$ 4,555.71		
Less Reserve for depreciation	1,553.25	3,002.46	\$ 5,459.12

Housing Fund:

Cash in bank	17,816.56		
Land, 234 St. George Street, Toronto	5,100.00		
Building, 234 St. George Street, Toronto	49,252.78		
Furnishings and equipment	8,396.67	80,566.01	

Dental Research Fund:

Cash in bank		5,412.05	
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Dental Research Committee:

Cash in bank		517.62	
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War Memorial Award Fund:

Cash in bank	445.17		
Dominion of Canada 3% bonds at cost (market value \$7,481.25)	7,875.00		
Interest accrued on bonds	56.25	8,376.42	

Council on Dental Education:

Cash in bank		3,343.18	
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The Grieve Memorial Lectureship Fund:

Cash in bank		1,151.12	
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Library Trust Fund:

Cash in bank		2,035.00	
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Reserve Fund:

Loan receivable from Housing Fund	15,000.00		
Dominion, Provincial and Provincial guaranteed 3% bonds at cost (market value \$22,860.00)	23,089.12		
Accrued interest on bonds	191.88	38,281.00	
			\$145,141.52

Liabilities			
General Account:			
Accounts payable	\$	174.41	
Surplus:			
Balance, December 31, 1949	\$33,642.58		
Deficit for year 1950, after transfer- ring \$15,000.00 to reserve fund	5,076.87		
	28,565.71		
Bonds and accrued interest trans- ferred to reserve fund	23,281.00	5,284.71	\$ 5,459.12
Housing Fund:			
Accounts payable	76.94		
Loan payable to reserve fund	15,000.00		
Mortgage payable	9,750.00		
Interest accrued on mortgage	102.87		
Surplus:			
Grants for purchase of property and furnishings	56,495.00		
Less Deficit from building operating for year	858.80	55,636.20	80,566.01
Dental Research Fund:			
Surplus, December 31, 1949	7,141.59		
Less Deficit for year 1950	1,729.54		5,412.05
Dental Research Committee:			
Surplus, December 31, 1949	550.65		
Less Deficit for year 1950	33.03		517.62
War Memorial Award Fund:			
Surplus, December 31, 1949	8,349.40		
Surplus for year 1950	27.02		8,376.42
Council on Dental Education:			
Surplus for year 1950			3,343.18
The Grieve Memorial Lectureship Fund:			
Surplus for year 1950			1,151.12
Library Trust Fund:			
Surplus for year 1950			2,035.00
Reserve Fund:			
Surplus transferred from general account			38,281.00
			\$145,141.52

FINANCE

AUDITOR'S REPORT

We have audited the accounts of the Canadian Dental Association for the year ended December 31, 1950, and report that, in our opinion, the above balance sheet, and related statements of revenue & expenditure and receipts & disbursements, fairly present the financial position of the Association as at December 31, 1950 and its transactions for the year then ended, exclusive of the accounts of the Committee on Publications, according to the best of our information and the explanations given us, and as shown by the books.

THORNE, MULHOLLAND, HOWSON & McPHERSON

Chartered Accountants

Canadian Dental Association
STATEMENT OF REVENUE AND EXPENDITURE
GENERAL

Year ended December 31, 1950

Revenue

Grants from Provincial Boards:

British Columbia	\$ 4,940.00	
Alberta	6,950.00	
Saskatchewan	2,180.00	
Manitoba	6,075.00	
Ontario	20,100.00	
Quebec	10,790.00	
New Brunswick	1,500.00	
Nova Scotia	3,400.00	
Prince Edward Island	290.00	
	-----	56,225.00
Interest on bonds		681.27
Sale of pamphlets		212.54
National Convention		2,019.54
Sundry revenue		96.00

		\$59,234.35

Expenditure

Grants:

Committee on Publications	\$12,500.00
Housing Fund	1,000.00

FINANCE

Dental Research Fund	2,000.00	
Council on Dental Education	4,810.70	
Federation Dentaire Internationale	500.00	
Canadian Dental Nurses and Assistants Association	200.00	\$21,010.70
Secretary's honorarium		3,999.96
Clerical assistance		4,897.92
Officers' pension plan		1,177.62
Unemployment insurance		55.87
Committee expenses (not including Committees receiving grants)		2,086.05
Officers' expenses		2,451.98
Board of Governors meeting expenses		4,993.64
Pamphlets and reports		4,045.95
Translations		485.40
Stationery and office expense		2,390.54
Telephone and telegraph		163.77
Postage		1,096.25
Depreciation, office furniture and fixtures		455.57
Transfer to reserve fund		15,000.00
		64,311.22
<i>Deficit for year, after giving effect to the above transfer to reserve fund</i>		<i>5,076.87</i>
		\$59,234.35

Canadian Dental Association
HOUSING FUND
STATEMENT OF REVENUE AND EXPENDITURE

Year ended December 31, 1950

Revenue

Rentals	\$	60.00
Bank interest		43.20
	\$	103.20

Expenditure

Mortgage interest	\$	248.76
Taxes		268.56
Janitor		150.00

FINANCE

Heat, light and water	285.33
Insurance	9.35
	962.00
Deficit for year	858.80
	\$ 103.20

NOTE:—The above statement of revenue and expenditure covers building operating items only and does not include grants for the purchase of property and furnishings totalling \$56,495.00 which were credited directly to surplus.

DENTAL RESEARCH FUND
STATEMENT OF REVENUE AND EXPENDITURE

Year ended December 31, 1950

Revenue

Grant, Canadian Dental Association, from general account	\$ 2,000.00
Bank interest	30.53
	\$ 2,030.53

Expenditure

Studentships	\$ 3,550.00
Exchange	210.07
	3,760.07
Deficit for year	1,729.54
	\$ 2,030.53

Canadian Dental Association
WAR MEMORIAL AWARD FUND
STATEMENT OF REVENUE AND EXPENDITURE

Year ended December 31, 1950

Revenue

Bond interest	\$ 225.00
Bank interest	2.02
	\$ 227.02

Expenditure

Essay awards	\$ 200.00
Surplus for year	27.02
	\$ 227.02

COUNCIL ON DENTAL EDUCATION
STATEMENT OF REVENUE AND EXPENDITURE

Year ended December 31, 1950

Revenue

Grants:

Kellogg Foundation	\$ 3,100.00
Canadian Dental Association, from general account	4,810.70
Bank interest	1.86
	\$ 7,912.56

Expenditure

Council meeting expenses	\$ 852.58
Expenses re survey of dental schools	3,133.60
Pamphlets	583.20
	4,569.38
Surplus for year	3,343.18
	\$ 7,912.56

Canadian Dental Association

THE GRIEVE MEMORIAL LECTURESHIP FUND
STATEMENT OF REVENUE AND EXPENDITURE

Year ended December 31, 1950

Revenue

Donations	\$ 1,135.00
Premium on U.S. currency	15.28
Bank interest	.84
Surplus for year	\$ 1,151.12

FINANCE

LIBRARY TRUST FUND
STATEMENT OF REVENUE AND EXPENDITURE

Year ended December 31, 1950

Donations	\$ 2,035.00
<i>Surplus for year</i>	<u>\$ 2,035.00</u>

Canadian Dental Association
STATEMENT OF RECEIPTS AND DISBURSEMENTS
GENERAL

Year ended December 31, 1950

Receipts

Cash on hand and in bank, December 31, 1949	\$ 9,393.55	
Grants from Provincial Boards:		
British Columbia	\$ 4,940.00	
Alberta	6,950.00	
Saskatchewan	2,180.00	
Manitoba	6,075.00	
Ontario	20,100.00	
Quebec	10,790.00	
New Brunswick	1,500.00	
Nova Scotia	3,400.00	
Prince Edward Island	290.00	56,225.00
	<u> </u>	
Interest on bonds		658.77
National Convention		2,019.54
Sale of pamphlets		212.54
Sundry receipts		96.00
		<u>\$68,605.40</u>

Disbursements

Grants:	
Committee on Publications	\$12,500.00
Housing Fund	1,000.00
Dental Research Fund	2,000.00
Canadian Dental Nurses and Assistants Association	200.00

FINANCE

Federation Dentaire Internationale	500.00	
Council on Dental Education	4,810.70	\$21,010.70
Secretary's honorarium		3,999.96
Clerical assistance		4,897.92
Officers' pension plan		1,177.62
Unemployment insurance		55.87
Committee expenses (not including Committees re- ceiving grants)		2,086.05
Officers' expenses		2,451.98
Board of Governors meeting expense		4,993.64
Pamphlets and reports		4,045.95
Translations		485.40
Stationery and office expense		2,216.13
Telephone and telegraph		163.77
Postage		1,096.25
Furniture and fixtures		975.00
Bonds purchased:		
Province of Manitoba, 3% bond \$1,000.00, due February 15, 1967, cost		993.75
The Hydro-Electric Power Commission of Ontario, 3% bond \$500.00, due April 1, 1970, cost		498.75
Transfer to reserve fund		15,000.00
		66,148.74
Cash on hand and in bank, December 31, 1950		2,456.66
		\$68,605.40

Canadian Dental Association

HOUSING FUND

STATEMENT OF RECEIPTS AND DISBURSEMENTS

Year ended December 31, 1950

Receipts

Grants:

College of Dental Surgeons of British Columbia	\$ 5,000.00
Alberta Dental Association	3,000.00
College of Dental Surgeons of Saskatchewan	3,000.00
Manitoba Dental Association	2,500.00
Royal College of Dental Surgeons of Ontario	40,000.00
Council of Dental Surgeons of New Brunswick	500.00
Provincial Dental Board of Nova Scotia	1,000.00

FINANCE

Dental Association of Prince Edward Island	255.00	
Newfoundland Dental Association	240.00	
Canadian Dental Association transfer from general account	1,000.00	\$56,495.00
Loan from reserve fund		15,000.00
Rentals		60.00
Sale of furniture		151.00
Bank interest		43.20
		\$71,749.20

Disbursements

Purchase of property, 234 St. George Street, Toronto	\$39,000.00	
Less Mortgage, 5%	10,000.00	
	29,000.00	
Alterations to building to date	14,782.63	
License in mortmain fee	150.00	
Legal fees re purchase of property	571.15	\$44,503.78
Furnishings and equipment		8,396.67
Mortgage principal		250.00
Mortgage interest		145.89
Taxes		268.56
Janitor		150.00
Heat, light and water		208.39
Insurance		9.35
		53,932.64
Cash in bank, December 31, 1950		17,816.56
		\$71,749.20

Canadian Dental Association
DENTAL RESEARCH FUND
STATEMENT OF RECEIPTS AND DISBURSEMENTS

Year ended December 31, 1950

Receipts

Cash in bank, December 31, 1949	\$ 7,141.59
Grant, Canadian Dental Association, from general account	2,000.00

FINANCE

Bank interest	30.53
	\$ 9,172.12

Disbursements

Studentships	\$ 3,550.00
Exchange	210.07
Cash in bank, December 31, 1950	5,412.05
	\$ 9,172.12

Canadian Dental Association
WAR MEMORIAL AWARD FUND
STATEMENT OF RECEIPTS AND DISBURSEMENTS

Year ended December 31, 1950

Receipts

Cash in bank, December 31, 1949	\$ 418.15
Bond interest	225.00
Bank interest	2.02
	\$ 645.17

Disbursements

Essay awards	\$ 200.00
Cash in bank, December 31, 1950	445.17
	\$ 645.17

Canadian Dental Association
COUNCIL ON DENTAL EDUCATION FUND
STATEMENT OF RECEIPTS AND DISBURSEMENTS

Year ended December 31, 1950

Receipts**Grants:**

Kellogg Foundation	\$ 3,100.00
Canadian Dental Association, from general account	4,810.70

FINANCE

Bank interest	1.86
	\$ 7,912.56
Disbursements	
Council meeting expenses	\$ 852.58
Expenses re survey of dental schools	3,133.60
Pamphlets	583.20
Cash in bank, December 31, 1950	3,343.18
	\$ 7,912.56

**THE GRIEVE MEMORIAL LECTURESHIP FUND
STATEMENT OF RECEIPTS AND DISBURSEMENTS**

Year ended December 31, 1950

Receipts

Donations	\$ 1,135.00
Premium on U.S. currency	15.28
Bank interest	.84
	\$ 1,151.12

Disbursements

Cash in bank, December 31, 1950	\$ 1,151.12
	\$ 1,151.12

**LIBRARY TRUST FUND
STATEMENT OF RECEIPTS AND DISBURSEMENTS**

Year ended December 31, 1950

Receipts

Donations	\$ 2,035.00

Disbursements

Cash in bank, December 31, 1950	\$ 2,035.00

Appendix B.

BUDGET 1951-52

REVENUE	1950 Estimate	1950 Actual	1951 Revised Estimate	1952 Estimate
Corporate Grants:				
Newfoundland			\$ 255.00*	\$ 255.00
Prince Edward Island	\$ 290.00	\$ 290.00	435.00	435.00
Nova Scotia	3,360.00	3,400.00	2,670.00	2,670.00
New Brunswick	1,500.00	1,500.00	1,500.00*	1,500.00
Quebec	10,790.00	10,790.00	16,065.00*	17,000.00
Ontario	20,000.00	20,100.00	31,740.00*	32,500.00
Manitoba	6,000.00	6,075.00	3,600.00	3,600.00
Saskatchewan	2,000.00	2,180.00	3,165.00*	3,200.00
Alberta	6,950.00	6,950.00	4,515.00*	4,550.00
British Columbia	4,940.00	4,940.00	7,740.00*	8,000.00
Interest on Bonds	600.00	658.77	695.00	750.00
Associate Fees	100.00	96.00	100.00	100.00
Sale of Pamphlets		212.54		
National Convention		2,019.54		
Totals	\$56,510.00	\$59,211.85	\$72,480.00	\$74,560.00

*Received.

Appendix B.

EXPENDITURES	1950 Estimate	1950 Actual	1951 Revised Estimate	1952 Estimate
Headquarters:				
Accommodation	\$ 3,500.00	\$ 1,000.00	\$ 3,600.00	\$ 3,600.00
Secretary-Treasurer	4,000.00	3,999.96	8,000.00	4,000.00
Clerical Assistance	8,650.00	4,897.92	12,000.00	13,000.00
Annuity Payment	1,177.62	1,177.62	1,177.62	1,177.62
Unemployment Insurance..	100.00	55.87	125.00	125.00
Sundry Expenses	250.00	170.71	500.00	500.00
Hospital Plan			125.00	125.00
Reserve Account	1,500.00	1,492.50	3,000.00	1,000.00
Committees:				
Publications	12,500.00	12,500.00	13,500.00	13,500.00
Research	2,000.00	2,000.00	2,000.00	2,000.00
Executive	1,500.00	882.10	2,500.00	2,500.00
Education	4,760.00	2,918.73*	3,500.00	3,000.00
Dental Public Health	500.00	249.10	1,000.00	1,000.00
National Convention	100.00		100.00	100.00
Dental Services	200.00		200.00	300.00

FINANCE

Legislation	25.00		25.00	25.00
Nomenclature	100.00	50.00	100.00	25.00
Industrial Dentistry	25.00	25.00	25.00	50.00
Hospital Dental Services	25.00		25.00	100.00
Public Relations	500.00	417.54	800.00	1,000.00
War Memorial	75.00	56.76	75.00	75.00
Finance	25.00	8.70	25.00	25.00
Ethics	25.00	25.00	25.00	25.00
By-laws	25.00		25.00	25.00
Health Insurance	500.00	627.32	500.00	600.00
Auxiliary Services	25.00		25.00	25.00
Specialists and Specializa- tion	25.00		25.00	25.00
Nominating	25.00	25.00	25.00	25.00
New Committees	100.00		100.00	100.00
National Exam. Bd.				500.00
New Zealand Survey		500.00		
Federation Dentaire				
Internationale	500.00	500.00	500.00	500.00
Translations	550.00	485.40	750.00	750.00
Insurance Renewal	75.00	71.00	80.00	80.00
Officers Expense	3,200.00	2,280.11	3,500.00	3,500.00
—Special				2,500.00
Board of Governors Meeting	4,500.00	4,993.64	5,500.00	8,000.00
Pamphlets and Reports	2,000.00	3,265.48	4,500.00	5,000.00
Membership Fees	100.00	100.87	100.00	125.00
Stationery and Office				
Expense	2,000.00	1,589.95	2,500.00	2,500.00
Telephone and Telegraph ..	150.00	163.77	500.00	500.00
Postage	1,800.00	1,096.25	1,500.00	1,800.00
Office Equipment		975.00		1,000.00
Depreciation—Office				
Furniture	460.00	455.57	600.00	1,600.00
Canadian Dental Nurses and				
Assistants Association		200.00		
Transfer to Reserve		15,000.00		
Legal Expenses				500.00
Totals	\$57,572.62	\$64,256.77	\$72,167.62	\$76,907.62
Deficit	1,062.62			2,347.62

*Council on Dental Education—only expense for 1950 given—balance of amount (1,891.97) in Savings account.

APPROVED

COMMENT AND ACTION

It is most fitting on the part of the Chairman of the Finance Committee to pay tribute, in such glowing terms, to Dr. Ken Carver, and most appropriate that we all join in the expressed sentiments.

We endorse the principle of reconsideration of salaries of personnel according to present trends and we recommend that this matter be left in the hands of the Executive for further and early review.

We approve of the objective stated in paragraph 9.

We feel that the Association owes to the members of the Finance Committee a debt of gratitude for the excellent work performed in this very difficult and trying year. To Dr. Ratte, the Chairman, our thanks should be particularly directed as he had to unexpectedly take over the duties of chairmanship after the sudden death of our late lamented and much respected friend, Ken Carver.

We recommend the adoption of the Report of the Finance Committee.

APPROVED

RESOLUTION

Resolved that Thorne, Mulholland, Howson and McPherson be appointed auditors for the ensuing year.

APPROVED

HOUSING

MEMBERS OF HOUSING COMMITTEE: R. P. LOWERY, Chairman, Toronto, Ont.; H. W. REID, Toronto, Ont.; G. V. FISK, Toronto, Ont.

REPORT

- 1. Doctors H. W. Reid, G. V. Fisk and R. P. Lowery, appreciate the distinct honour of their appointment as the first Housing Committee of the C.D.A. Strange as it may seem they appointed as Secretary-Treasurer, Dr. Don W. Gullett.
- 2. Your Committee has been operating under terms of reference as presented in the Report of the Executive.
- 3. Our first objective naturally was to secure suitable accommodation for our staff. We appreciated that this could not be done on a calendar basis and therefore are continuing to function to that end. However, our second objective is and will be to institute and carry out improvements which will classify 234 St. George Street, not only as an administration centre, but also, and of equal importance, as our headquarters home; one that you and I will be proud to visit at any time.
- 4. The objective will be approached always with one eye on the budget.
- 5. Members' suggestions have been and will at all times be given appreciative consideration.
- 6. Tangible gifts have already been received from members of our Association and for these we are extremely grateful.
- 7. The fact that all ten corporate members have contributed to this housing fund on a purely voluntary basis, and in some instances have even obligated themselves for the future, is, and ever will be a challenge to this Committee to give devoted service to a worthy responsibility.
- 8. Statement of Finances to date; Budget for 1952; and Grants to Housing Fund, appear as Appendix A; Appendix B; and Appendix C respectively.

APPENDIX A

STATEMENT OF CAPITAL FUNDS
Committee on Housing
as of
August 20, 1951
Revenue

Grants during 1950 as per Auditor's Statement	\$56,495.00
Loan from Reserve Fund	15,000.00
Sale of Furniture	171.00

HOUSING

Alberta Grant, 1951	1,505.00	
Quebec Grant, 1951	3,000.00	\$76,171.00
	-----	-----

Expenditures

To December 31st, 1950 as per Auditor's Statement	\$53,932.64	
Mortgage payments to date during 1951	750.00	
Mortgage interest to date during 1951	337.09	
Contractors to date during 1951	11,936.36	
Architects to date during 1951	328.55	\$67,284.64
	-----	-----
Balance		\$ 8,886.36

Outstanding Accounts

Contractors and Architect, etc.	Est. \$ 4,000.00
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Mortgage and Loan

Dominion Life Mortgage*	\$ 9,000.00	
Loan from Reserve	15,000.00	\$24,000.00
	-----	-----

*Under mortgage terms payment in full may be made October 15th, 1953.

Note:—Present insurance coverage: Building—\$55,000.00; Furnishings—\$15,000.00.

1952

OPERATING BUDGET COMMITTEE ON HOUSING

Revenue

C.D.A. Rent	\$ 3,600.00	
R.C.D.S. Rent	1,260.00	
O.D.A. Rent	686.00	\$ 5,546.00
	-----	-----

Expenditures

Taxes	\$ 650.00
Electricity	350.00
Water	20.00
Gas	200.00
Oil	600.00
Oil Burner Service	50.00
Janitor Services	750.00
Cleaning—windows, etc.	250.00

HOUSING

Janitor Supplies	150.00	
Toilet Supplies	100.00	
Audit	60.00	
Insurances	150.00	
Interest on mortgage	425.00	
Payment on mortgage	1,000.00	
Estimated Repairs, etc.	750.00	\$ 5,505.00
Surplus		\$ 41.00

GRANTS TO HOUSING FUND
from
CORPORATE MEMBERS

	1950	1951	1952	1953	1954	1955	1956	Totals
British Columbia ..	\$5,000.							\$ 5,000.00
Alberta	3,000.	1,505.	1,500.					6,005.00
Saskatchewan	3,000.							3,000.00
Manitoba	2,500.	2,500.						5,000.00
Ontario	40,000.							40,000.00
Quebec		3,000.	1,000.	1,000.	1,000.	1,000.	1,000.	8,000.00
New Brunswick	500.	500.	500.	500.				2,000.00
Nova Scotia	1,000.							1,000.00
Prince Ed. Island ..	255.							255.00
Newfoundland	240.							240.00
Total								\$70,500.00
Amount received to date								\$60,000.00
Amount promised to date for future payment								10,500.00
								\$70,500.00

COMMENT

We feel that the thanks of the Association have been well earned by the Housing Committee, for their successful efforts in establishing our new head-quarters building.

Also we note with great pleasure and satisfaction that the Association through its corporate membership has supported this most important project so generously on a voluntary basis.

We recommend the adoption of this report.

APPROVED

MEMBERS OF THE COMMITTEE ON PUBLICATIONS: P. G. ANDERSON, Chairman, Toronto, Ont.; GUSTAVE RATTE, Quebec, P.Q.; A. R. POAG, Hamilton, Ont.; F. MARTIN, Toronto, Ont.; W. J. LANGMAID, Oshawa, Ont.; F. T. PEARSON, Toronto, Ont.

REPORT

1. The Committee on Publications wishes to draw to the attention of the Board of Governors the most excellent contribution which has again been made by the Editor-in-Chief, the Assistant Editor, the Editor of the French Section, the Provincial Editors and the Business Manager, in the publication of the Journal of the Canadian Dental Association, during the past year. Though such recognition may have been mentioned in report of other years, this Committee feels so keenly and sincerely in this tribute that it again asks that the Board of Governors take note of their truly remarkable efforts.
2. Since the last annual meeting three new provincial editors have been appointed: Dr. H. M. Eaton for Nova Scotia; Dr. G. E. Mallam for Newfoundland; and Dr. L. K. Brooks for Alberta. We indeed welcome these men to the Board of Provincial Editors.
3. Two new members have been appointed to the Committee on Publications: Dr. A. R. Poag of Hamilton and Dr. W. J. Langmaid of Oshawa. These men have indeed added much to the strength of the Committee.
4. The cost of publication of the Journal is an ever present problem. In an effort to meet ever rising costs, advertising rates were again increased since the last annual meeting. To date this has proved to be a very satisfactory move. For a month or two there was actually a small profit shown on publication.
5. Again consideration has been given to a review of the problem of publication. After a careful survey, it was agreed by the Committee that we were being well cared for by the present publishers and that any change would not be in our best interests.
6. At a meeting of the Committee, when representatives of the publishers were present, problems of both the committee and the publishers were discussed. It would appear that there is every probability that printing costs may again increase in the none too distant future.
7. It is a well known fact that the field of advertising is changing. Radio and television have to a marked degree affected the advertising potential in all journals. As a result, prospective advertisers are expecting a proof of readership of the journal or magazine in which they advertise. In the Journal of the C.D.A. there is no such data. The Committee plans to consider this matter at an early date. It must be kept in mind that radio and especially television may in the future cut deeply in the field of professional journal advertising.

PUBLICATIONS

8. It has been brought to the attention of the Committee that institutional advertising by distilling firms could be obtained for the Journal. After some discussion it was decided: "that the question of accepting institutional advertising submitted by liquor interests be referred to the Annual Meeting of the Board of Governors for decision."
9. Fiftieth Anniversary Issue of the Journal—At a meeting of the Committee when the Chairman of the Committee on Public Relations, the Assistant Editor, and representatives of the publishers were present, it was agreed that all would cooperate to the utmost to make the anniversary issue of the Journal a success from every point of view.
10. The Committee on Publications has appreciated your confidence and would ask for any direction which will help in the progress of our national dental publication.
11. Attached as Appendix is a fourfold financial statement: Appendix A--Auditor's Statement for 1950; Appendix B--Detailed Summary of Revenue; Appendix C--Detailed Summary of Expenditure; Appendix D--Budget for 1952.

APPENDIX A

Canadian Dental Association
COMMITTEE ON PUBLICATIONS
BALANCE SHEET

December 31, 1950

Assets

Current Assets:

Cash on hand and in bank	\$ 2,520.88	
Account receivable	114.72	\$ 2,635.60

Capital Assets:

Office furniture and fixtures	408.53	
Less Reserve for depreciation	322.32	86.21
	-----	-----
		\$ 2,721.81

Liabilities

Current Liabilities:

Account payable	\$ 2,390.06
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Surplus:

Surplus for year 1950	\$ 433.17
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PUBLICATIONS

<i>Less</i> Deficit, December 31, 1949	101.42	331.75
	-----	-----
		\$ 2,721.81

AUDITORS' REPORT

We have audited the accounts of the Committee on Publications of the Canadian Dental Association for the year ended December 31, 1950, and report that, in our opinion, the above balance sheet and related statement of revenue and expenditure fairly present the financial position of the Committee as at December 31, 1950, and its transactions for the year then ended, according to the best of our information and the explanations given us, and as shown by the books.

THORNE, MULHOLLAND, HOWSON & McPHERSON
Chartered Accountants

Canadian Dental Association
COMMITTEE ON PUBLICATIONS
STATEMENT OF REVENUE AND
EXPENDITURE

Year ended December 31, 1950

Revenue

Advertising	\$31,905.00	
Canadian Dental Association grant	12,500.00	
Subscriptions	375.29	
Donations	30.30	
Interest and premium on U.S. currency	11.02	\$44,821.61

Expenditure

Honoraria to editors	\$ 2,460.00	
Expense allowances	2,936.35	
Editor's office expenses	1,513.99	
Committee meeting expenses	53.45	
Publishing The Journal	26,372.40	
Commission, Consolidated Press, Limited	5,587.60	
Agency commission	3,967.08	
Cuts and postage	1,419.39	
Depreciation on office furniture and fixtures	11.30	
Office and general expense	66.88	\$44,388.44
	-----	-----
<i>Surplus for year</i>		\$ 433.17

DETAILED SUMMARY STATEMENT OF EXPENDITURES

APPENDIX B

Editors, etc.		Editor's		Commissions			Cuts		Office		Totals
Hon.	Allow.	Office	Committee	Publishing	Press	Agency	Postage	Exps.			
1935	900.00	76.05	508.62	10,184.57	2,962.01	1,513.96	601.72	243.56	16,990.49		
1936	825.00	25.55	304.97	9,403.49	2,794.56	1,659.61	719.13	279.89	16,012.20		
1937		69.00	340.59	10,508.67	2,353.40	1,888.45	818.60	371.70	16,350.41		
1938			743.30	10,351.89	2,257.28	1,712.63	680.18	513.95	16,259.23		
1939			858.73	10,863.29	2,306.02	1,845.21	800.41	765.90	17,439.56		
1940			895.22	10,221.99	2,213.29	1,847.56	910.52	619.12	16,707.70		
1941			892.78	10,506.64	2,186.35	1,974.30	858.35	564.75	16,983.17		
1942	1,350.00	460.00	920.16	10,732.17	2,400.32	2,159.05	983.41	502.19	19,507.30		
1943	2,700.00	1,780.00	949.30	10,473.20	2,439.86	2,142.59	1,048.94	264.82	21,798.71		
1944	2,520.00	2,261.20	978.88	10,933.60	3,913.83	2,551.62	936.07	113.38	24,208.58		
1945	2,530.00	2,411.20	1,039.69	11,882.98	4,591.43	2,862.31	807.76	136.84	26,262.21		
1946	2,540.00	2,598.05	1,088.80	nil	5,152.67	3,094.00	1,251.85	143.45	30,438.04		
1947	2,540.00	2,561.20	1,214.54	242.65	5,804.89	3,804.57	1,210.57	144.25	36,294.96		
1948	2,540.00	2,841.20	1,396.28	37.10	5,391.57	3,448.15	1,266.58	112.46	40,648.80		
1949	2,460.00	2,921.20	1,510.08	8.30	5,097.33	3,266.31	1,590.50	131.28	41,784.88		
1950	2,460.00	2,936.35	1,513.99	53.45	5,587.60	3,967.08	1,419.39	78.18	44,388.44		

DETAILED STATEMENT OF REVENUE

	Advertising	Assoc. Grant	Subs.	Sundry	Total
1935	15,839.03	1,027.35	125.46	3.67	16,995.51
1936	15,706.00	1,001.00	164.62	4.28	16,875.90
1937	17,661.26	1,004.08	124.10	20.71	18,807.01
1938	16,848.71	1,016.00	123.87	43.67	18,032.25
1939	17,219.93	1,334.65	186.07	55.96	18,796.61
1940	16,601.60	1,040.29	167.14	60.56	17,869.59
1941	16,560.21	1,058.00	171.50	109.63	17,899.34
1942	18,161.50	2,993.31	198.25	86.44	21,439.50
1943	18,408.75	3,900.00	94.00	71.71	22,474.46
1944	22,103.00	4,500.00	232.75	52.97	26,888.72
1945	25,825.50	4,500.00	247.20	32.46	30,605.16
1946	28,853.05	4,500.00	306.50	34.31	33,694.16
1947	32,629.00	4,500.00	415.25	15.15	37,559.40
1948	30,406.20	9,130.00	473.00	15.15	40,024.35
1949	28,747.30	11,500.00	543.10	3.61	40,794.01
1950	31,905.00	12,500.00	375.29	41.32	44,821.61

BUDGET

COMMITTEE ON PUBLICATIONS

Revenue

	1950 Estimated	1950 Actual	1951 Estimated	1952 Estimated
Advertising	\$30,000.00	\$31,905.00	\$30,000.00	\$33,250.00
C.D.A. Grant	12,500.00	12,500.00	13,500.00	13,500.00
Subscriptions	500.00	375.29	500.00	400.00
Donations		30.30		
Int. and Prem. on U.S.		11.02	1.00	1.00
Totals	\$43,000.00	\$44,821.61	\$44,001.00	\$47,151.00

PUBLICATIONS

	Disbursements			
Salaries	\$ 2,540.00	\$ 2,460.00	\$ 3,000.00	\$ 3,000.00
Expense Allowance	2,840.00	2,936.35	2,920.00	3,000.00
Editor's Office Expense	1,500.00	1,513.99	1,500.00	1,500.00
Committee	250.00	53.45	250.00	250.00
Publishing	25,500.00	26,372.40	25,500.00	27,500.00
Commission—Con. Press	5,500.00	5,587.60	5,500.00	5,750.00
Agency	3,500.00	3,967.08	3,500.00	4,200.00
Cuts and Postage	1,375.00	1,419.39	1,600.00	1,750.00
Depreciation on Office				
Furniture and Fixtures	1.00	11.30		
Office and General Expense	150.00	66.88	150.00	150.00
Totals	<u>\$43,156.00</u>	<u>\$44,388.44</u>	<u>\$43,921.00</u>	<u>\$47,100.00</u>
Estimated Deficit for 1950	\$ 156.00			
Actual Surplus for 1950		\$ 433.17*		
Estimated Surplus for 1951			\$ 80.00	
Estimated Surplus for 1952				\$ 51.00

*Auditor's Report.

COMMENT AND RECOMMENDATIONS

- (a) We commend the Editors and Business Manager.
- (b) We recommend that letters be sent from the Board of Governors to the Editors, including Provincial Editors expressing thanks for their excellent contribution to the Journal.

We do not recommend acceptance of institutional advertising submitted by liquor interests.

We congratulate the Committee on their splendid administration.

We approve the budget for 1952.

We recommend the adoption of this report.

APPROVED

REPORT OF THE EDITOR — M. H. GARVIN

1. During past years several changes have occurred in the Editorial Staff of the Journal. In Alberta, Dr. Addinell found it necessary to resign and this position was filled by Dr. Lorne Brooks of Calgary. Owing to the regrettable death of Dr. Oxner of Halifax, Dr. Hugh Eaton was appointed editor for Nova Scotia. Then representing our new province Newfoundland, Dr. George Mallam was made editor. We welcome these men to our editorial staff. Other

personnel remain the same and the greatest harmony has existed between all interested parties. I would pay special tribute to our Business Manager Dr. Gullett, who has so efficiently managed the affairs of the Journal; to Dr. de Montigny who has so graciously and promptly secured a number of French summaries for the English section of the journal; to Dr. Marshall, who has done a grand piece of work as Assistant Editor, particularly in his association with our publishers, and to those provincial editors who have so conscientiously, month after month, forwarded the interesting news articles from their respective provinces. As for my relation to the Committee on Publications I can only go on record as expressing my sincere appreciation of their interest and support.

2. During the past year, thanks to the Board of Governors, there has been less advertising in the manuscript section of the journal and as a result there has been more space available for scientific articles, which has added very much to the value of our publication.

3. At the last meeting of the Board of Governors action was also taken to limit the space to be allocated to news pertaining to the Dental Assistants' activities to one page in any one issue. This was found to be impossible to carry out so the Committee on Publications very kindly permitted me to drop this Section altogether.

4. There is the question of colour in the journal and probably this involves cost. I think there should be more colour in our publication. One feels more like reading when confronted with a beautiful colour. Colour has an influence on the mind, affects the emotions, and provides a pleasant atmosphere. I would use reds in winter on account of the warmth, and blues or greens in summer on account of their suggestion of coolness. Red is the best 'attention getter' and is said to excite the mind to immediate action. The world is returning to the extensive use of colour. Men are beginning to wear brighter colours, homes are breaking out in beautiful hues, stores and offices are realizing the advantages of a cheerful atmosphere. It is recognized that colour, or the absence of it, in the business world may mean the success or failure of a printed page, so why should we not take advantage of this accepted fact, even if the cost is slightly increased.

5. There is the question of the size of the journal. At present the limit is a 112 page book regardless of how many pages of advertising are inserted, regardless of how many fine manuscripts may be awaiting publication, regardless of the possibility of securing other fine material which is only curtailed on account of lack of space.

6. It would be helpful also if, through you as Governors, who represent all parts of Canada, we could secure an opinion as to the relative importance of the various sections of the Journal. In a careful survey made in several of the prairie dental societies it was found that scientific articles were considered of first importance. If this is generally true, then several problems present them-

PUBLICATIONS

selves. (1) The securing of such articles, and in this I think the Governors of this Association could be of great assistance as we receive practically no manuscripts from some of our provinces. (2) If these manuscripts are obtained the question of space to publish the same is a consideration. (3) If space must be found, then the journal must be enlarged at times sufficiently to take care of extra material or else the space for other sections must be curtailed and limited to a definite number of pages.

7. In connection with the work of the Associate Committee on Dental Research of the National Research Council, reports are beginning to come in outlining the results of the research undertaken. As this is a Canadian institution I feel that these reports should be published in the Journal of the Canadian Dental Association and not in some foreign journal. They could at least be published in our journal concurrently with some other publication. Any other plan does not lend itself to building up our Canadian dental literature. I should like to see this Board of Governors take some action in this matter.

8. Many of these suggestions, if carried out, mean increased cost to the Association. However, I would say as in my last annual report, that a dental journal is the most useful agency for the continued education of the dentist; and furthermore, the status of the profession in any country is judged, to a large degree, by the journalism which emanates from that country. Therefore, for these reasons, a journal published by any organization should be given a very high priority over most of the activities of the organization. Raising the annual dues of the Association would not solve the problem, because the moment extra dollars were available there would be an instant demand from many quarters—all good—for a slice of those dollars. It will only be solved when the leaders of our Canadian dental profession decide that they want the Journal of the Canadian Dental Association to be the best journal possible, and that many other less important projects must take a secondary place.

CONCLUSIONS

I would recommend:

1. That there be more colour used in the Journal.
2. That two, or even three times a year, the journal be enlarged beyond a 112 page book by 8 or 16 pages if found advisable to accommodate material awaiting publication.
3. That the Governors undertake to stir up interest in the writing of articles for publication in their respective provinces.
4. That the Governors bring to bear what pressure is possible to have the reports emanating from the Associate Committee on Dental Research of the National Research Council, published in the Journal of the Canadian Dental Association.

COMMENT AND RECOMMENDATIONS

We have studied with keen interest the report of the Editor and would commend him for his devotion to the cause of the Canadian Dental Association through his allegiance to the Journal.

In as much as the Editor was kind enough to summarize the conclusions for us we report as follows:

1. Agreed.
2. Approve the principle providing it is in keeping within the financial structure of the Committee on Publications.
3. Agreed.
4. In as much as many research projects are supported by Canadian funds and in as much as this is the senior publication of Canadian Dentistry we recommend that the suggestion be made to the Research Committee and the Associate Committee on Dental Research, N.R.C., that they encourage research publications in the Journal.

APPROVED

REPORT OF THE EDITOR OF THE FRENCH SECTION — GERARD DE MONTIGNY

1. a. As Editor of the French Section of the Journal of the Canadian Dental Association, I have the honour and the pleasure of presenting my annual report to the Board of Governors of our Association.

b. Since I was appointed Editor of the French Section, I have always stressed the necessity of having more pages for the publication of French-written scientific material. This last year, the French section has been gratified with two additional pages, except for two months where the list of Officers of the Association was published for the information of members. These two extra pages afforded breathing space and were a step in the right direction. But, like Cato the Eldest who, in ancient Rome, for twenty years used to finish all his speeches with the famous sentence: "Delenda est Carthago", again this year in my report, I must repeat: "the French section needs more pages".

2. a. Last year, I reported the advisability of having the articles published in our Journal translated in the form of abstracts, into the other language of Canada. I note with pleasure that the English section has had a good many of its scientific articles translated into French. This procedure benefits French-speaking members as they are able to get more easily the substance of this material. This translation confers also to our Journal a more universal character as it offers more reading material to our confrères, here in this country, and to dentists on the continent, where the French language continues to be the language of education and knowledge. Also this procedure is followed in

PUBLICATIONS

many dental journals from other countries, where the substance of original articles is translated into many other languages, sometimes into four or five different languages.

b. I cannot report the same progress in the French section; only on very few instances have we been able to present to English-speaking members an abstract in their language. But we plan to do it in the future, as soon as circumstances will permit. One must realize the difficulties encountered in the publication of dental scientific material published in the French language, here in America. The number of French-speaking dentists on this continent of North America is relatively small as compared to the English-speaking. In this country, we have one dental school as compared to four for our English confrères and I am not counting the faculties of the United States, from which papers are available for the Journal. And to make things more complicated, some of our men take graduate courses or do research work in American centres, where, of course, English is spoken. These men prepare theses and write up reports in English and these papers are published in English. It is sometimes impractical to ask these confrères to translate their work in their native language and, as a consequence, these papers are lost for the French section.

c. Experience shows that we cannot depend on papers prepared by French-speaking European dentists, either from France, Belgium or Switzerland. Their school of thought is so different from ours that we do not get from them the kind of literature that would be helpful for Canadian research, teaching or practice. However, in spite of these difficulties, we are receiving now more papers for publication than we used to and we remain optimistic for the future of French-Canadian dental literature.

d. Referring to translation of articles in our Journal, I would suggest that it be continued and duplicated in the French Section, but that it must be given more emphasis and be inserted in a more obvious manner.

3. a. In regard to the National Convention, that will be held in a few days in this beautiful capital of Canada, I must report that the publicity in the French section has been lacking both in its planning and in its execution. My intention in reporting this omission is not to criticize anyone, because I know that every member connected with the organization of the Convention did his very best and worked very arduously to achieve a great success with that meeting. The fact is that the Editor of French Section was contacted at no time by the Publicity Committee to publish publications for the Convention. After writing to the Committee about the matter in July, a little more than a page was inserted at the last minute in the July issue. Dr. Tom Marshall, as reliable as ever, requested authorization to take off copy that had been already paged-up to insert a French translation of the program. This was done with no control whatsoever from the person responsible for the publication of this section.

b. In relation to the publicity for the annual convention, I would like

to make a suggestion that may arrange things for the future, especially when meetings are held in the Eastern section of the country. That suggestion would be to appoint a French-speaking member to the Publicity Committee, who would see that proper publicity reaches the French Editor for publication in the Journal. This man would also see what form of publicity is the most suitable according to circumstances, to publicize the National Convention to French-speaking members of the Association.

4. a. One of the main objectives of the Journal is to transmit to the members news regarding the activities of the Association. Since we took up the editorship of the French section of the Journal, we have tried to inform the French-speaking dentists of this country on the achievements of our National Association. In my opinion, we have succeeded in awakening the interest of these confrères by inserting, month after month, pieces of news coming from the Secretary's office. These men seem to be more curious and better informed than they were five years ago; in doing so, we presumably marked a step forward towards national unity and mutual understanding between the two ethnical groups of Canada.

b. At the present time, I think that some undertaking should be directed towards the student body of our five Faculties. At this time, the only contact of our Association with the dental students is through the War Memorial Award. We should pay more direct attention to the dental students and prepare them to become alert and active members of our Association. I would give my blessings to actions taken to group under an association of some kind the students attending our dental schools, under the sponsorship of the Canadian Dental Association. The scope of this report does not allow me to enumerate at length all the benefits that would be derived from such an organization. Let me submit to the members of the Executive Committee a suggestion asking them to study the opportunity of founding a national body of dental students attending Canadian Universities, in order to prepare these young men to become informed members of our Association.

5. In this report, I regret to mention the death during this past year of Dr. Alcide Thibaudeau, who, for many years, was the Editor of the French section of the Journal. Dr. Thibaudeau was a highly educated man and his writings on scientific matters and dental activities will long be remembered by this generation as masterpieces of knowledge and composition. As his successor to the editorship of the French section of the Journal, we want to pay here a tribute to his memory for the splendid work that he accomplished for the Journal.

6. Before closing this report, may I offer another suggestion. I would like the term "Committee on Publications" changed to "Journal Committee", as the term publication has a sense that is too broad for the purpose indicated. Other committees are concerned also with publications and still the Committee on Publications has no authority on these publications.

PUBLICATIONS

7. May I extend to the members of the Committee on Publications, to the Business Manager, to Dr. Garvin and the Provincial Editors my most sincere thanks for the agreeable manner in which matters pertaining to the Journal were discussed.

COMMENT AND RECOMMENDATIONS

We congratulate the Editors on this action as stated in section 2 (a) of the report.

We recommend to future Convention Publicity Committees that the Convention receive the necessary publicity in both sections of the Journal.

We commend the objectives stated in section 4 (a) of the report.

We recommend that the matter of forming a student association be referred to the Executive Committee.

We recommend that a letter of condolence be sent to Madame A. Thibaudeau expressing appreciation for Dr. Thibaudeau's many years of devoted service to the Canadian Dental Association. The letter to be sent under the direction of Dr. de Montigny.

We recommend that there be no change in the name of Committee on Publications.

We have studied with keen interest the report of the Editor of the French Section and would commend him for his devotion to the Canadian Dental Association through his allegiance to the Journal.

APPROVED

MEMBERS OF THE COUNCIL ON DENTAL EDUCATION: W. SCOTT HAMILTON, Chairman, Edmonton, Alta.; J. STANLEY BAGNALL, Halifax, N.S.; E. CHARRON, Montreal, P.Q.; HARVEY W. REID, Toronto, Ont.; A. L. WALSH, Montreal, P.Q.; WM. MILLER, Vancouver, B.C.; D.C.C. Representative: R. O. WINN, Kitchener, Ont.

REPORT

1. I have the honour to report the activities of the Council on Dental Education during the past year. A meeting was held in the new C.D.A. headquarters, 234 St. George Street, Toronto, on January 29, and 30, 1951. All members of the Council were present as follows: President Lowery, Drs. Walsh, Miller, Reid, Winn, Charron, Bagnall, and Hamilton. Non-members in attendance included: Secretary, Dr. Gullett, Drs. Ellis, Mowry, Johnson, and Fisk. Several others were in attendance at various stages in the meeting. Dr. Miller was welcomed as the newly appointed member from British Columbia, succeeding Dr. Pallen whose valuable contribution to the Council is hereby recorded.

2. As time goes on each meeting appears to become more interesting and important, but with one exception this was probably the most controversial to date. However, if the time ever comes when we are one hundred per cent in agreement there will be no further need for a Council on Dental Education. In spite of our differences, progress appears to be certain, as I hope this report will indicate to you.

3. Dental Students Register

This is prepared annually by our Secretary and is a most useful report. Each of you has a copy. It clearly shows that we are not graduating enough dentists to take care of the loss by death and retirement, and to provide for our rapid increase in population. Some schools are accused of not operating to full capacity but this does not entirely explain the situation. I believe that most schools are accepting most of the applicants who meet their requirements. To meet this situation the standard of admission could be lowered, which would also mean dropping the standard within the dental schools and graduating an inferior product. The logical solution is to increase the accommodation for training students and have the profession make an effort to interest young men in Dentistry. This is an activity in which the schools are very limited. It is a duty of the practising dentist. Another very serious handicap is the scarcity of good teachers, to say nothing of the difficulty in obtaining adequate budgets for the operation of Dental Faculties.

4. The problem of the Displaced Person is still with us and will continue for some time. At the time of our meeting there were a total of nine of these people in attendance at three universities. Two of the schools had not accepted any during the present session 1950-51. No doubt the number has increased

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this session. I can report only for Alberta and we have registered six. One does at times grow weary at the attitude of small political minds who would have us hand a license to everyone from Europe who calls himself a dentist, while at the same time people like you, who are attending this meeting, are continually making personal sacrifices in order to bring about measures for the protection of the health of our Canadian citizens.

5. Curricula of Dental Schools

In this we can only report improvement. Most of the schools have made considerable change. This is a matter which is more the responsibility of the Survey Committee and since their report on the various schools will be confidential for at least three years, it is our duty to leave the matter entirely in their hands. There is a growing tendency in dental education to remove all technics from the first professional year.

6. In one school last year the first year admissions were drastically reduced because they had raised their standard of admission. This is the outcome of the cooperation of the deans in the work of this Council. No dean has ever been told that he must do so and so, and yet everywhere, because of reports and recommendations made at our meetings and to this Board of Governors, we see changes and improvements which have been made voluntarily. To be convinced of this one need only compare the minutes of our first meeting at Winnipeg in 1945 with that of intervening meetings. It is regrettable, however, that this is not more fully appreciated by the profession, which appears to be unfamiliar with what is being accomplished. On the other hand, it is safe to say that the deans and universities have gone more than half way.

7. General Anaesthesia

This is where we are very close to locking horns and I am sorry to say we are far from solving our differences. We did, however, make a real effort, but it more or less fell through because of a weak presentation on one side of the argument.

8. The differences of opinion appear to arise from local conditions and mainly as to the hospital relationship, and the manner in which the basic sciences are taught, and I do not think this Council is going to cause any school to train a student in the use of any method of anaesthesia if the faculty in that university is opposed to its use. There are those who express the view that the anaesthetist should be the authority as to the effects of an anaesthetic agent on the organism, whereas on the other hand, some anaesthetists depend upon the physiologist and pathologist for his authority, which in some cases is discovered only at autopsy.

9. At our meeting we had a panel discussion the personnel of which were Dr. Clement of Toledo, Dr. Johnson, and Dr. Gordon of Toronto. Drs. Clement and Johnson presented formal papers which form a part of our

minutes. Dr. Gordon presented only an impromptu discussion, which was recorded also in our minutes. There were different and opposed view points presented and I dare say all participants went away with the same opinion as they brought, and each thought that he had won the argument, which is the usual outcome of panel discussions.

10. What we need is an individual with an open mind who is prepared to not only study the literature but spend some time in different parts of the continent viewing the different methods used, and the different viewpoints held. This would be an ideal research project for the right type of man.

11. Establishment of Schools for Hygienists

- a. McGill reported no progress.
- b. Toronto has reported the establishment of a course to begin this fall.
- c. Montreal reported considerable progress. The plans were in the blue-print stage.
- d. Dalhousie reported no progress.
- e. Alberta reported governmental opposition.

12. During the discussion of this subject it was found that in certain areas the profession was opposed to the hygienist. One of the deans is not enthusiastic. Another fears criticism from the profession because we cannot accept all those who are applying for dental training.

13. It is generally the opinion of the Council that we should press for the training and legalization of the hygienist and that too much attention cannot be paid to those within the profession who are opposed. There is always opposition to changes or new proposals. We are interested in providing dental service to as many of our people as possible and at as low a cost as is practical. The Council passed a motion requesting that the profession be better informed as to the value to the people of a training programme for hygienists.

14. Survey of Dental Faculties

This is probably the most important project that has ever been sponsored by this Association. It was made possible through funds provided by your organization and a grant from the Kellogg Foundation. I should like to see a motion authorizing a letter of appreciation to Dr. Blackerby for his financial assistance and cooperation.

15. Much thought went into the selection of the personnel of this committee and I hope you will agree that they were well chosen. It consists of: (1) Dr. Lewis, Dean of the College of Education, University of Toronto, who was chosen because of his knowledge of education and his enthusiastic personality; (2) Dr. Walsh, who was chosen because of his experience as Dean of the Faculty of Dentistry, McGill University; (3) Dr. Reid, who was

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selected as an outstanding member of the profession, representing the practising dentists.

16. There is little to report on the results of their activities, and the following motion is from the minutes of the Council: "That the Survey Team appointed at the last meeting be granted full authority to carry out the survey of the Dental Schools on a confidential basis, without making a report to this Council until such time as is deemed advisable."

17. You will no doubt be interested in a brief account of how the survey team has carried out its duties. They have had the full cooperation of the American Dental Association. The team went to Chicago to study the method used in the United States and to consult Drs. Peterson and Horner.

18. It was also thought advisable for them to have some training before starting on the Canadian Schools and so Dr. Jeserich cooperated by having them make a survey of the University of Michigan.

19. All Canadian schools were then examined and I presume the presidents and deans have received their reports, and as indicated above, these are preliminary surveys and at present are on a confidential basis. From personal experience the survey of our school was well done. The report is short enough that it will be read and studied, and both their criticisms and commendations are courteously expressed. Their reports are going to be of value to the universities in improving and expanding dental education.

20. Dean Lewis appeared before the Council and gave a report on the basic education in secondary schools in various parts of Canada. He did not consider this as a finished study and hoped to find a student in the School of Education who would take it on as a project. It was thought that your provincial representatives would be interested in a comparison of the educational requirements and this report is attached as Appendix A. for your convenience.

21. Acceleration of Courses in Case of a National Emergency

In response to a request from the Defence Medical and Dental Services Advisory Board your secretary wrote to each faculty in order to determine their reaction to an accelerated programme. After reading the replies from the deans the following resolution passed the Council: "That it is the considered opinion of this Council in the event of a National Emergency that it would be inadvisable to institute a programme of acceleration. This opinion has been reached after consultation with the Deans and Faculty Councils of each of the five Dental Schools in Canada, all of whom had experience with accelerated courses during World War II. We are unanimous in wishing to cooperate with the Government in any emergency and also recommend as an alternative to acceleration that there be an immediate expansion of dental educational facilities to permit graduation of greatly increased numbers of dentists."

22. If our country is unprepared in a national emergency this organization will be in a position of having done everything possible, since the last war, to bring to the attention of federal and provincial governments, as well as university authorities, the urgent necessity of training more personnel. To date this has brought little fruit. At the same time we have encouraging signs of something being done, but with the already imposed restrictions on building it is a question whether they are not already too late. The programme which we need will require years to execute, even after we are sure of the necessary funds.

23. You no doubt have read in the press of the Federal Government assistance to all universities. This however, will not do more than help most of them to bring their budgets up to what they normally should have been. I cannot speak for all universities but I know some where the salaries have not kept pace with the increased earnings in the private practice of dentistry. No one ever becomes a dental teacher because of the salary he receives, but on the other hand, the sacrifice is so great at present that fewer men are going into teaching. It is, therefore, hoped that some of the federal money will be used for salary increases.

24. There is also considerable prospect for further federal help to expand medical science training. This, however, must have the approval of the provincial governments since all educational matters are their responsibility. We, therefore, must await their reaction to the federal government proposals.

25. The above has materialized since the meeting of the Council and the remarks are those of your Chairman.

26. Steps have already been taken to prevent the tragic occurrence of the last war where recruiting officers came into our universities and, in some cases, depleted our staffs to the point where we could scarcely carry on. Lists of indispensable staff members are on file and will immediately be produced should the necessity arise. We expect cooperation from Ottawa in this respect.

27. Request from Committee on Public Relations

We were asked to take the responsibility of preparing an article on growth and development of dental education in Canada for the special June, 1952, issue of the Journal. Dean Bagnall has been selected to prepare this material and having already seen the first draft I can assure you it will be of the all-inclusive nature that we have become accustomed to receiving from this gentleman.

28. Hospital Dental Services

Appendix B of the January, 1950, meeting of the Council consisted of a report on "Hospital Dental Internships". This was adopted by both the Council and this Board of Governors. The following are quotations from the closing commentary:

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29. "There is not a hospital in Canada where the foregoing requirements can be met. . . . Since it is impossible to take this much time from a modern dental practice gratuitously, it follows the dental staff will have to be paid by the hospital for their services." You will find this on page 45 of the Transactions of the Canadian Dental Association, under the report of the Council on Dental Education.

30. Also on page 58 under the report on the report you will find the following: "Training of Hospital Internes: We recommend that this section of the report be referred to the Committee on Hospital Dental Services for further study as suggested in the report. . . ."

31. The Committee on Hospital Dental Service is now saying that they are not prepared to accept all portions of these recommendations. This is not surprising for I received letters following your last meeting objecting to the statement that there were no hospitals in Canada which could meet the requirements, and also that there was no sound basis for dental staff members expecting to be paid for their services. In order to obtain reliable information I wrote to several men who were doing hospital work and discovered that none were being paid.

32. We, therefore, recommend the following changes:

- a. Page 43, Section 3: Delete "and the degree of cooperation of members of other departments."
- b. Page 44, Add: "No. 13. In the restoration of lost tissues or the correction of abnormal tissues by means of prosthetic appliances."
- c. Page, 45, Section 8: Delete "Council on Dental Education of the" and change the address to "234 St. George Street".
- d. Page 45, Commentary: The Committee on Hospital Dental Services have stated that there are untrue statements in his Commentary and I find in reviewing the minutes of the last meeting of the Council, that we took no action. It is obvious that this should be re-written.
- e. On page 46 there is a statement regarding anaesthesia which would not be acceptable to all the dental faculties. The committee appointed to report on this report should receive some instruction as to your wishes since I have no authority from the Council to make a recommendation.
- f. Page 46, Hospital Dental Residencies: It is recommended that this be deleted entirely as under present circumstances Residencies are too far in the future to justify consideration.

33. It is obvious that the Committee on Hospital Dental Services has a real problem on its hands and a great deal of education of the profession is required in order to bring results. We cannot expect to establish these services on a basis different from that which has pertained in Medicine for so many years. It is the feeling of the Council that we must cooperate in

this task, if dentistry is to be recognized as a health service. I understand that the committee wishes to approach the Canadian Hospital Council and they must have some assurance of cooperation from this body before they can make any proposals. The following is my statement made before the last meeting of the Council:

34. "Dr. Chamard's report on page 45 of the C.D.A. transactions said in part, 'Since it is impossible to take this much time from a modern dental practice gratuitously, it follows the dental staff will have to be paid by the hospital for their services'."

35. This remark passed both this Council and Board of Governors without comment of any kind. It is, therefore, obvious that the basis on which a hospital operates is not understood. The hospital is responsible only for hospitalization of patients who are admitted to the service of individual physicians and, in some cases dentists. The professions concerned are responsible for the professional services to patients.

36. The profession generally will have to become more interested in teaching before dental hospital internships will be a success. The word "Doctor" actually means "Teacher" and therefore something more should be done to impress upon the whole profession the obligation they assumed when they received their parchments at graduation. To say that dentists on hospital staffs should be paid for their services is entirely out of line with the attitude of the medical profession, and we are going to have trouble in establishing our case. It would do a dentist no harm to give a half day a week to hospital work. It would not be a total loss, for he would have cases referred, from whom he would collect fees, and even if he did only charity cases he still would not be making anything like the sacrifice of most teachers in dental schools."

37. Our system of education is lacking when we turn young men out of dental school with the impression that they have no obligations, and their only ambition is to spend all their time in the office making money. We have an internship in the University of Alberta Hospital which has not been filled for about nine years. Members of the Council expressed much concern over this situation and someone must do something about it or we will never fulfil our obligation towards hospital service.

38. National Examining Board

On page 58 of the Transactions of your last meeting you will find the following: "That the various provincial bodies be requested to study this report on a National Examining Board and be invited to a meeting for organizational purposes . . ."

39. That organizational meeting was held and since you have all read the report you will be quite familiar with the results. From the standpoint of the Council I think I am safe in saying that we are pleased at what was

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accomplished in a two-day meeting. Since we have not met since that time this is only a personal opinion. Presumably you will be hearing a formal report on that meeting and I need comment no further.

40. Applicants from School not Approved by C.D.A.

On page 59 of the Transactions of your last meeting you will find the following resolution: "That the C.D.A. take steps forthwith to provide facilities for appraising the basic training and professional status of all overseas applicants for professional examinations; that the executive officers be given authority to make the necessary arrangements and proceed forthwith. As cost will be a factor this Board of Governors should make available a sum of \$3,000 for the Committee." This was considered by your executive and they were at a loss to know how to carry out the instructions, and referred it to the Council on Dental Education as being the only body which was in a position to act on the matter.

41. We did consider it at our last meeting and after considerable discussion the following resolution was passed: "That the Council on Dental Education does not favour the establishment of a central appraisal committee as suggested in the resolution of the Board of Governors, 1950."

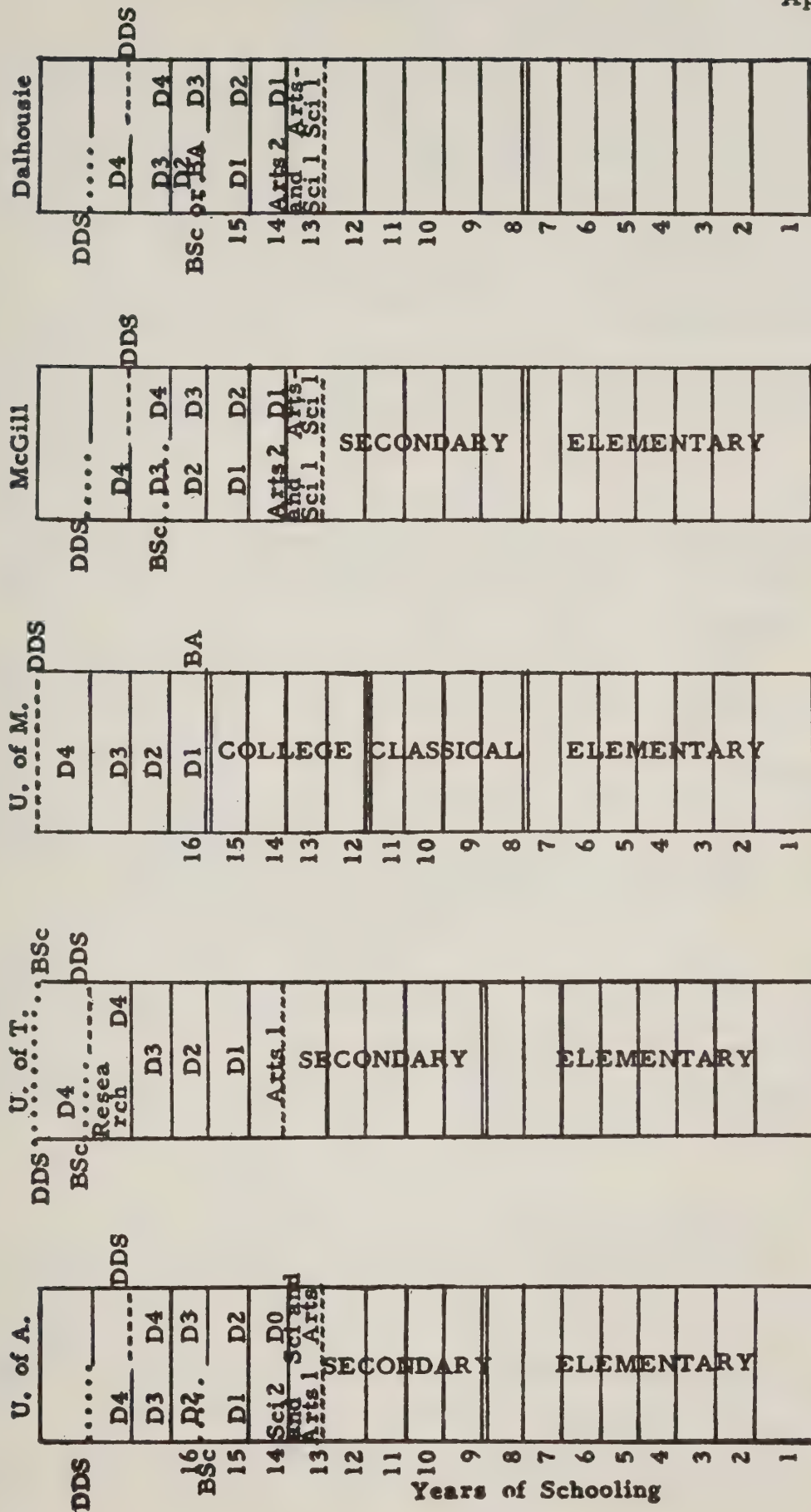
42. This may be disappointing to some provinces without dental schools, for it is there that the most serious difficulties arise, since they have not always the facilities with which to assess these overseas graduates. On the other hand, it was felt that some one school would have to handle this central clearing house, in which case their results might not please everyone. The simplest method of handling these people is to tell them that they will have to produce approval of their standing from a recognized school on this continent.

43. Specialists and Specialization

In this we can report only progress. Three men were invited to make presentations on this subject, Drs. Moyers, Williams, and Johnson. The reports of the first two appear as appendices M and N of our minutes, and Dr. Johnson's, which was impromptu, also will be found in the minutes. These reports are recommended to you for study.

44. This matter will appear on the agenda of our next meeting but I anticipate a long time before anything very definite will be accomplished. Only two provinces have any regulations to control those wishing to hold themselves out as specialists and while such regulations are desirable they are not always easily obtained.

45. Appreciation of the efforts of all members of the Council is hereby recorded. Our Secretary and his staff have always been on the job to assist us in our work and we are most grateful to them, as well as to President Lowery and many others who have been so helpful.



----- Senior Matriculation or its equivalent
..... BSc.
----- D.D.S.

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NOTES

1. What is generally understood as Junior Matriculation is reached at the end of Grade XI in all provinces except British Columbia and Ontario, where Grade XII is required. Senior (honour) matriculation requires one year more. Students must have senior matriculation to enter University of Alberta or University of Toronto. Most students enter McGill and Dalhousie at the end of Grade XI; the first year of the university course is equated to Grade XII.

2. British Columbia

Grade XIII may be, and usually is, taken in first year university. Students entering the university with Grade XIII standing are admitted to the second year.

3. Alberta

Students enter the University of Alberta at the end of Grade XII (senior matriculation).

4. Saskatchewan

Students enter the University of Saskatchewan at the end of Grade XII (senior matriculation).

5. Manitoba

Students may enter the University of Manitoba at the end of Grade XI in certain courses, but must have Grade XII standing for Engineering, Architecture, Commerce, Pharmacy, second-year pre-medical.

6. Ontario

Students must have Grade XIII standing (honour matriculation) to enter the University of Toronto. A pass B.A. degree is obtained in three years and an honour B.A. in four years.

The B.Sc. degree may be taken in one year after completion of the second, third or fourth dental year.

7. Quebec

(i) University of Montreal

Most of the students enter classical colleges at the end of Grade VI, which is one year less than that shown in the diagram, so that the B.A. is conferred at the end of the 14th year of schooling after which the student enters the dental school at the University of Montreal.

(ii) McGill University

Most students enter McGill at the end of Grade XI (pass matriculation) and do two years in Arts and Science.

8. Nova Scotia, New Brunswick, Prince Edward Island

Most students enter Dalhousie at the end of Grade XI (pass matriculation) and do two years in Arts and Science.

COMMENT AND RECOMMENDATIONS

We wish to congratulate the Council on Dental Education on the very excellent report submitted and especially the Chairman for his untiring effort.

We are pleased to note that the schools are making an effort to admit as many D.P.'s as possible.

We commend the action (par. 6) taken by the Dean in this particular school in raising the standards of admission, especially since it was done on a voluntary basis.

Establishment of Schools for Hygienists

We are pleased to see that progress is being made in this field and that steps have been taken at the University of Toronto for the inauguration of a course this fall.

Survey of Dental Faculties

We recommend that a letter of appreciation be sent to Dr. Blackerby from the Secretary of the C.D.A.

We congratulate the Council on Dental Education on their selection of personnel for the survey team. The basis upon which they were chosen is hereby endorsed most heartily.

We recommend that a letter be sent to Dr. Jeserich for his cooperation. Letter to be sent by Secretary of the C.D.A.

We endorse this action (par. 26) and trust for the necessary cooperation.

Request from Committee on Public Relations (par. 27)

We extend congratulations to Dean Bagnall on being selected to prepare this special feature. From his active association with this body over a period of many years, no one would be better qualified.

We realize a real problem is presented in para. 32 and ask continuance of the study.

We suggest that the education of the profession in respect to hospital services might be helped if it were stressed by the Secretary or President of the C.D.A. while on their tours of the country. Such appeal would carry more weight.

Again we wish to commend the members of the Council on Dental Education on their exhaustive and enlightening report.

We recommend the adoption of the original report.

APPROVED

MEMBERS OF THE RESEARCH COMMITTEE: W. G. McINTOSH, Chairman, Toronto, Ont.; R. G. ELLIS, Toronto, Ont.; J. P. McGUIGAN, Halifax, N.S.; J. H. JOHNSON, Toronto, Ont.; G. H. W. LUCAS, Toronto, Ont.; H. R. MacLEAN, Edmonton, Alta.; A. G. RACEY, Montreal, P.Q.; R. H. McDUGALL, Victoria, B.C.; C. H. M. WILLIAMS, Toronto, Ont.; R. J. GODFREY, Toronto, Ont.; J. B. MACDONALD, Toronto, Ont.; R. GENDRON, Montreal, P.Q.; J. J. RAE, Toronto, Ont.; A. D. A. MASON, Toronto, Ont.; D. M. TANNER, Toronto, Ont.

REPORT

1. General Activities

a. The main activity of the Research Committee this year has been in connection with the "Studentships" offered to encourage graduate or under-graduate students to continue their studies in the sciences basic to dentistry and in research procedures. The administration of the monies from the Memorial Fund formerly directed by the Canadian Dental Research Foundation has also been a function of the Research Committee this year.

b. The fine liaison, established last year, between the Department of National Health and Welfare at Ottawa and this Committee has been maintained. A number of opportunities for cooperative effort have arisen throughout the year.

2. Personnel

Dr. F. Husband, Toronto, who has been rendering admirable service to this Committee for a number of years as Secretary-Treasurer, has been replaced in this office by Dr. J. B. Macdonald of Toronto, a new member of the Committee, and a former Studentship grantee. Dr. Roland Gendron of Montreal, also a previous holder of a "Studentship", has filled the vacancy left by Dr. de Montigny of Montreal. In accordance with the wishes of the Board expressed at the last Annual Meeting, this Committee has been enlarged by two members from the Canadian Dental Research Foundation. Dr. A. D. A. Mason, Chairman, and Dr. D. Tanner, Secretary, were appointed to the Research Committee.

3. Publicity

The Regulations governing the award of Studentships have been mailed to the Deans of the dental schools in Canada, accompanied by a request that they be displayed in a prominent place and drawn to the attention of as many students as possible. The individual members of the Committee have also been asked to seize every opportunity to bring the Studentships to the attention of likely students in their respective districts.

4. Studentship Grantees

At the time of the last Annual Meeting of the Board this Committee

reported that two Studentship grantees were continuing their studies in the States. In the interval both men have returned to Canada. Dr. Gordon Nikiforuk is now Assistant Professor of Paedodontics at the Faculty of Dentistry, University of Toronto. Dr. Russell Coleman has for the past year been engaged in studying the effects of Cortisone on the dental tissues. This latter work was sponsored by a grant from the Department of Veterans Affairs and was conducted at Sunnybrook Military Hospital in Toronto.

5. Studentship Applications

a. Four applications have been received this year for funds amounting to \$4,050.00. All applications were approved.

(i) *Dr. Russell Coleman*, who at the time was at the University of California on a Studentship grant, was given an additional \$250 to cover travelling expenses to Toronto for consultation in connection with a proposed research project to be conducted under a D.V.A. grant. We are pleased to report that Dr. Coleman was engaged for this work as reported above.

(ii) *Dr. K. J. Paynter* was awarded a second grant to enable him to spend a second year at Columbia University in the Department of Dental Anatomy, doing research and proceeding toward a Ph.D. degree. One hundred dollars a month for twelve months was approved. Dr. Paynter was also receiving a W. K. Kellogg Foundation Fellowship.

(iii) *Dr. J. H. Senecal*, McGill University, 1949, married, age 32, applied for financial assistance to aid him in a year's internship and research at the Harlem Hospital in New York City and New York University College of Dentistry. His subject is "Pathology in Clinical Diagnosis in Dentistry". The Committee approved the sum of \$500 for tuition fees plus \$100 per month for nine months.

(iv) *Dr. A. A. Antoni*, Toronto, 1941, age 33, who has taken a postgraduate course this past year in Dental Oral Surgery at the University of Toronto, applied for a Studentship to allow him to continue his postgraduate study in research and oral surgery under Dr. H. Bellinger at the Henry Ford Hospital in Detroit. Dr. Antoni was awarded \$100 per month for twelve months.

6. Sugar Content of Dentrifrices

The food and drug division reported on their investigations concerning the sugar content of dentifrices. The following dentrifrices were analyzed and found to contain no sugar: Squibb's Dental Cream, Hutax, Colgate's Dental Cream, Phillips' Milk of Magnesia Tooth Paste, Ipana, Listerine, Ammident Ammoniated Tooth Paste, Pepsodent, Forhan's, MacLean's Peroxide Tooth Paste, Kolynos and Rhodia.

7. Denture Cleaning Products

A letter from Mr. Whitmore, chief of the Food and Drug Division,

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stated that legal advice in the Food and Drug Administration indicates that denture cleaning products cannot be considered as drugs.

8. Brantford — Fluoridation Experiments

The Committee sent letters to Dr. H. K. Brown, Chief of the Dental Division, Department of National Health and Welfare, and to the Minister of Health approving the proposed quantitative study of gingivitis to be undertaken in conjunction with the Brantford dental caries study. The letters stated that the committee recognized the need for such a study and desired to cooperate with the Department in any way possible.

9. Statement re Fluoridation

The Committee was asked for a statement outlining its present opinion on the problem of fluoridating communal water supplies in order to reduce the incidence of dental caries. Such a statement was prepared and distributed to dentists in Canada through the Governor's Letter, Number 35, February 7, 1951.

10. Research Foundation

a. The new relationship between the Research Committee and the Canadian Dental Research Foundation was set up as follows:

(i) The Research Committee will now act as Board of Directors of the C.D.R.F.

(ii) A sub-committee made up of Drs. Mason, Tanner, Gullett and the Chairman of the Research Committee was established to administer the affairs of the C.D.R.F.

(iii) Dr. Gullett was appointed secretary-treasurer of the C.D.R.F.

(iv) The cash on hand and in the bank and the investment income of the C.D.R.F. is to be deposited in the trust fund of the Research Committee.

11. Department of National Health and Welfare

A number of communications have been received from, and sent to this Department, particularly the Food and Drug Administration. Every effort has been made on the part of the Committee to cooperate fully with the Department on matters of mutual interest.

12. Ontario Research Foundation

a. A request for financial support from the Ontario Research Foundation came to the Research Committee through the Secretary's office. Mr. D. Christie of the Ontario Research Foundation had for some years been doing research in the field of dental materials. This work had in the past been generously supported by the Associate Committee on Dental Research of the National Research Council. Recently, however, these grants had been

reduced to the point that, unless additional funds could be secured, the work would have to be discontinued.

b. After considerable discussion, the Chairman of the Research Committee was instructed to present the problem to the Executive of the C.D.A. for direction.

c. The Executive, after considering the problem, decided that at present the C.D.A. was not in a position to assist financially the Ontario Research Foundation.

d. Research in dental materials has since been discontinued by the Ontario Research Foundation.

13. Reprints

The Committee approved the expenditure of \$28.25 (plus sales tax) for the purchase of 500 reprints of an article entitled "Aids to Oral Diagnosis" by Dr. H. A. Hunter, Faculty of Dentistry, University of Toronto. This article was published in the June issue of the Journal of the Canadian Dental Association.

14. Regulations governing the award of Studentships

The Committee thought the Regulations governing the award of Studentships were in need of revision and recommends a number of changes and amendments. The revised regulations appear as Appendix A to this report.

15. Dental Research in Canada

Each member of the Research Committee has been asked to submit information regarding new or continued subjects in dental research being conducted in his respective University or district during the past year. At the time this report was prepared the following list of subjects had been received:

- (a) PROFESSOR H. K. BOX, University of Toronto, continued his research in the field of Periodontology. He is presently investigating the formation and disintegration of dental calculus.
- (b) DR. KEITH BOX, under the direction of his father, Dr. H. K. Box, has been proceeding with a study of the free enamel surface of human teeth.
- (c) DR. H. K. BROWN, Department of National Health and Welfare, has continued the investigation, previously set up, to study the effects on the incidence of dental caries in children, of adding sodium fluoride to the communal water supply. This year, in addition to a survey for dental caries, an examination was also made to determine the incidence of gingivitis. (This is a joint study under the auspices of the Department of National Health and Welfare and the Ontario Department of Health.)

RESEARCH

- (d) PROFESSOR M. A. COX, M.D., University of Toronto, is directing a project being carried out by Dr. Marjorie Jackson, Toronto, to study the value of topical application of sodium fluoride in caries control.
- (e) DR. J. FLETCHER, University of Toronto, reported an evaluation of elastic materials for obtaining impressions in operative procedures.
- (f) DR. R. M. GRAINGER, a postgraduate student at the University of Toronto, has made a statistical study of the incidence of tooth decay in children in relation to tooth surfaces and age. This work has been compiled and presented as a thesis for a Master of Science degree in Dentistry.
- (g) DR. H. A. HUNTER, University of Toronto, is investigating the development of the epithelial attachment of the teeth and continues his study of the effect of potential calcifying agents on dental pulp.
- (h) DR. R. A. HUGILL is continuing his studies of protective mechanisms in relation to dental caries.
- (i) DR. W. J. LINGHORNE is continuing his research work at the Banting and Best Institute in Toronto. He has been studying the regrowth of alveolar bone after its surgical removal following the detachment of soft tissues, and also the reattachment of the soft tissues and regrowth of bone following the experimental production of a periodontal pocket. Work has also been started to study Fusospirochetal infections in relation to pre-existing inflammation.
- (j) DR. J. B. MACDONALD, University of Toronto, reported on the occurrence of beta hemolytic streptococci on the gingiva of young adults. He also reported the results of a bacteriologic survey of gingival scrapings from periodontal infections by direct examination, guinea pig inoculation and anaerobic cultivation. A further report dealt with media and methods of separation and cultivation of oral spirochetes. His studies of fusospirochetal infection were reported and work is being continued in this field. A study of the anaerobic vibrios is also under way.
- (k) DR. R. E. MOYERS, University of Toronto, continued his studies on the electromyography of the head, face and neck. He is also directing the project "health aspects of cleft lip and palate" being investigated by Dr. E. Hixon. Dr. Moyers' studies in respect to measurement of physiologic forces in the oral cavity are being continued.
- (l) DR. DAVID WATT, under the direction of Dr. C. H. M. Williams, University of Toronto, continued his study on the effect of hard and soft diets on the supporting structures of the teeth in rats. This study won for its investigator, Dr. Watt, the annual award of the American Association of Orthodontists for outstanding contributions in the field of orthodontics.

- (m) DR. G. H. W. LUCAS, Toronto, is directing a study of "alveolar oxygen tension and blood oxygen content during nitrous oxide anaesthesia".
- (n) DR. J. J. RAE, Toronto, has been continuing his investigations on the chemical mechanisms in dental caries under the headings:
 - (a) ammonia production in saliva.
 - (b) an inhibitory substance for the growth of l.b.a. in tooth enamel.
- (o) DR. A. E. R. WESTMAN and MR. D. CHRISTIE, Toronto, working with resins, have been investigating
 - (a) materials for use as cements for methyl methacrylate inlays.
 - (b) methods for use of methyl methacrylate in direct dental fillings.
- (p) DR. M. DOREEN SMITH, Toronto, investigated the fluoride content of enamel and dentin of teeth from Toronto children studied in relation to pabulum history of the children's diet. This work has been reported to N.R.C. in Ottawa and appeared in part in the January, 1951, issue of the Journal of the Canadian Dental Association. Dr. Smith has also been studying the biological absorption of fluorine.
- (q) DR. NORMA FORD WALKER, Toronto, has been directing a project entitled "A comparison of the patterns of eruption of the deciduous teeth in Man with rates of growth of the dental arches". A final report is not yet available.
- (r) DR. W. L. LIU, under Dr. Walker's guidance, continues to study the closure of space following the premature loss of deciduous teeth.
- (s) DR. C. P. LEBLOND has continued his work on "the entry of phosphate and carbonate salts into teeth as shown with the help of radio-phosphorus and radio-carbon" and has made reports to the N.R.C. associate committee on dentistry.
- (t) DRs. J. W. ABBISS and A. G. NUTLAY, Halifax, are doing a histological study of tooth germ development, both intra and extra alveolar, with a survey of pathological changes in the developing tooth.
- (u) DR. O. J. WALKER, Edmonton, has for several years been developing a method for determining fluorine by means of a photo-electric colorimeter. Considerable progress has been made in this research.
- (v) DR. L. B. JACQUES and MR. G. T. MILLAR, Saskatoon, have been conducting an investigation of nerve block. Interim reports have been made to the N.R.C.
- (w) DR. H. W. HAM, Toronto, is directing an investigation of the effect of adrenal cortical hormone unbalances on the various connective tissue structures of the growing incisor teeth of animals.
- (x) DRs. A. D'IORIO and J. P. LUSSIER, Montreal, have made considerable progress in their studies of calcium metabolism in teeth with the aid of Ca45. The work is to be continued.

RESEARCH

- (y) DR. H. R. MACLEAN and MISS M. L. KNOLL, Edmonton, have been investigating the effects of age and temperature changes on saliva samples with reference to L.B.A. count.
- (z) DR. J. W. NEILSON, Edmonton, has been conducting a survey of the incidence of acute necrotic gingivitis in rural areas of Alberta.
- (aa) DR. J. S. BAGNALL, Halifax, has continued collecting data on caries research with a view to keeping his book, "Dental Caries", published last year, up to date.

16. Financial Statement

(a) In addition to the \$2,000.00 allotted to the Research Committee this year by the C.D.A., the funds have been augmented by \$3,518.86 from the Research Foundation.

(b) The audited statement of the Research Foundation at December 31, 1950, appears as Appendix B to this report.

(c) The financial statement for the C.D.A. Research Committee at July 15, 1951, is shown in Appendix C to this report.

(d) The Committee wishes to draw attention to the fact that this year Studentships, totalling \$4,050 were granted. This is more than twice the amount allotted to the Committee by the C.D.A. for the same period.

(e) Today, more than ever before, the need for dental research and preventive dentistry is demonstrated by the increasing demands for dental service. Repairing the ravages of dental disease is too large a task for the dentists of Canada today. New knowledge that must come from research appears to be the only solution to this tremendous problem in public health. Continued support and encouragement to personnel interested in dental research is a responsibility that the C.D.A. owes to the future of our profession.

(f) The Committee asks financial assistance for the coming year to the amount of \$3,500.00.

APPENDIX A

Canadian Dental Association

Regulations Governing the award of Studentships

1. The Canadian Dental Association through its Research Committee offers financial assistance in the form of "Studentships" to undergraduate or graduate students who have given distinct evidence of capacity for original research (or who have won high distinction in scientific study during their University training) and who desire to prepare themselves further for scientific research and teaching by continuing their study in the sciences fundamental to their research fields.

2. The Studentships are available on equal terms to men and women for the purposes of
 - (a) An academic year of special study in the fundamental sciences at a recognized University. Grants will be made on an annual basis and applications for renewal will be considered.
 - (b) Consultations with recognized authorities.
Applications in this category will be considered only under exceptional circumstances, such as to obtain assistance for occasional attendance at special meetings of research workers or special conferences with workers in the same field.
3. Studentships are awarded to applicants who are deemed best qualified by the evidence submitted. They are not intended to provide opportunities for graduates in dentistry to prepare themselves as specialists in certain fields of dental practice.
4. The age of the applicant and marital status will be important considerations when making an award. Previous training will also be taken into account.
5. Application for a Studentship must be made by the candidate to the Research Committee of the Canadian Dental Association and addressed to this Committee, care of the Secretary, Canadian Dental Association.
6. Application forms are available at the Canadian Dental Association office on request.
7. An applicant shall submit a transcript of his University record together with a statement from his sponsor who may be the Dean of a Dental School or head of a scientific department within a university, showing that, in his estimation, the applicant is worthy of training for scientific dental research.
8. The candidate shall state the institution at which he intends to study and describe specifically the plan of study he intends to pursue. A statement from the head of the institution at which the student intends to take his training, stating the institution's willingness to accept the student, should be submitted.
9. Applications for the ensuing year should be received before the first of May.
10. An applicant is required to make a comprehensive statement regarding his finances. He must state how much extra financial assistance he requires to complete the proposed course of study, how much of the total expense, if any, is covered by salary from the institution where he intends to study and how much by means of personal expenditure, loan, etc. Payments will be made monthly during the period the Studentship is held.
11. All apparatus and materials purchased with grants become the property

RESEARCH

- of the Canadian Dental Association and must be returned to the Canadian Dental Association at the end of the tenure of the Studentship unless a specific release has been provided for, either to the individual or to a specified institution.
- 12. Part-time teaching in a university department or faculty may be considered favorably during the terms of tenure of the Studentship.
 - 13. Interim reports on the student's progress may be requested from the Dean or head of the department in which the student is working. The Canadian Dental Association reserves the right to discontinue the Studentship after reasonable warning is given the student, if progress reports are unsatisfactory. The final report prepared by the student and supported by the Dean or head of the scientific department, indicating in some detail the results accomplished in the study, must be submitted to complete the tenure of the Studentship.
 - 14. Funds may also be made available at the discretion of the Committee for the publication of scientific articles.

Address all communications to:

The Secretary,
Canadian Dental Association,
234 St. George Street,
Toronto, Ontario.

APPENDIX B
PART A

STATEMENT OF
ASSETS AND LIABILITIES
THE CANADIAN DENTAL RESEARCH FOUNDATION

December 31, 1950

Assets

Current Account:

Cash on hand and in bank	\$ 3,329.21	
Accrued interest on bonds	173.32	\$ 3,502.53

Capital Account:

Cash in Trust Company	41.97	
Government and Government guaranteed bonds, at cost (par value \$17,100.00)	17,117.00	17,158.97
	-----	-----
		\$20,661.50

Liabilities

Current Account:

Accrued expenses	\$ 64.35	
Surplus	3,438.18	\$ 3,502.53

Capital Account:

Surplus	17,158.97
	\$20,661.50

PART B

THE CANADIAN DENTAL RESEARCH FOUNDATION
STATEMENT OF
RECEIPTS AND DISBURSEMENTS
CURRENT ACCOUNT

Year ended December 31, 1950

Receipts

Cash on hand and in bank, December 31, 1949	\$ 2,981.78
Interest on investments held by Trust Company	420.50
Contributions for bulletins	6.00
Profit on sale of bonds	21.00
	\$ 3,429.28

Disbursements

Trust Company's fees to December 31, 1949	15.80
General expense	55.12
Accrued interest on bonds purchased	29.15
Cash on hand and in bank, December 31, 1950	3,329.21
	\$ 3,429.28

COMMENT AND RECOMMENDATIONS

We wish to commend Dr. McIntosh and his Committee for this fine report.

Re Appendix A. 2. (b)

That this section should be considered on an experimental basis for a period of one year.

RESEARCH

It is very gratifying to note the increasing amount of dental research being carried out in this country.

In recommending the adoption of the report of the Research Committee with the above amendments we wish to convey our hearty congratulations to the Committee and endorse their application for financial assistance.

APPROVED

MEMBERS OF THE WAR MEMORIAL AWARD COMMITTEE: J. ARMAND FORTIER, Chairman, Montreal, P.Q.; W. F. WALFORD, Montreal, P.Q.; PAUL GEOFFRION, Montreal, P.Q.; A. M. HORD, Toronto, Ont.; M. H. GARVIN, Winnipeg, Man.

REPORT

1. The Committee is pleased to report that interest in its Essay Competition has been sustained and that submissions have been received from all but one dental school.

2. We hope and have reason to believe that essays will be received from all Canadian dental schools during the forthcoming year. The standard of submissions was unusually high and reflected careful compilation and study.

3. The competing essays submitted by the faculties tended to exceed the limit of 4,000 words. The shorter ones, of necessity, lost some continuity due to brevity (3,300 words), whereas the longer ones (7,750) words were repetitious.

4. It has been noted that, because of the language phrasing and construction, more words are required in the French than in the English essays. For this reason the Committee wishes to suggest modification of Rule No. 4 of the Conditions governing the award, to read:

“Those essays submitted in French be allowed a maximum of 5,000 words and not less than 3,150 words, excluding bibliography.”

(This sentence to appear following the first sentence).

5. The Essay topic chosen by the Committee, for the Competition 1951-1952 is “PSYCHOLOGY IN DENTAL PRACTICE”. It is hoped that this title will stimulate and will bring forth more original work by students than previously.

6. Drs. Gérard de Montigny, Howard Boyles and R. F. Harvey, judged the essays. The Committee wishes to express its appreciation and thanks to them for their conscientious effort.

7. The final results are:

First Prize: M. A. Kamiensky—University of Toronto.

Second Prize: V. P. Gilbert—McGill University.

8. Although some delay and difficulty were encountered by this committee due to the lateness of certain submissions to reach us, we feel that the ultimate date on or before which essays must be submitted, should be kept the same (March 30th).

9. The Committee recommends:

1. That the policy and rules governing the award remain unchanged, save for the amendment of Rule No. 4 mentioned above.

WAR MEMORIAL SCHOLARSHIP

2. That the budgetary allowance be increased from \$75.00 to \$100.00, if the finances of the Association permit.

COMMENT

It is commendable that interest is being sustained in this essay competition. It is very desirable that all the five dental schools participate and that students should be urged to do so as part of their final year's work.

Approve the suggestion for amendment of Rule No. 4.

C.D.A. officially thanks the judges of the competition.

Congratulations are offered to the winners of this year's competition.

APPROVED

2. Many reasons exist for the action taken in initiating the library. Of these, two are of utmost importance. First, the recognition of a scientific body, at least partly, rests upon the existence of a scientific library. Secondly, the objects of the Association, as stated in the Constitution, set forth objectives which necessitate library facilities.

4. Under the terms of the deed, a Board of Trustees was established for the administration of the Library Trust Fund and also to make regulations regarding the use of the library.

6. In addition, a considerable number of members have made gifts of books which have been acknowledged and most happily received. Particular mention should be made of the action of the American Dental Association in sending duplicate books from their library in considerable quantity as soon as the establishment of the C.D.A. library became known.

8. One of the prime objectives of the Association is to elevate and sustain the professional character and education of its members. The intention is to develop means for encouraging members to continue their education by making available to them the literature.

LIBRARY

9. The future of the library depends upon voluntary donations. The expansion and development will be in accordance with the monies received for the purpose.

COMMENT AND RECOMMENDATIONS

We greet the Report of the Library Trustees with pleasure and commend them for adopting a continuing and progressive policy.

We agree and suggest that an appeal be made through the C.D.A. Journal for cash contributions, pointing out the fact that such funds are, for income tax purposes, deductible items.

Instruction is given that a letter be sent to the A.D.A. thanking them for gifts of books if this has not been done.

It is recommended that when available, a suitable amount of the library contents be available in the French language for which purpose Dr. de Montigny has kindly consented to act in an advisory capacity in the selection of these books.

APPROVED

MEMBERS OF THE HEALTH INSURANCE STUDIES COMMITTEE: HARVEY W. REID, Chairman, Toronto, Ont.; C. A. E. McCABE, Valleyfield, P.Q.; H. A. SWALES, Toronto, Ont.; T. R. MARSHALL, Toronto, Ont.; L. V. JANES, Hamilton, Ont.; GUSTAVE RATTE, Quebec, P.Q.

REPORT

Your Committee begs leave to report that two meetings have been held since the last annual meeting of the Association:

Meeting of January 6, 1951

1. Several letters of a congratulatory nature re the pamphlet "A Charter for Dental Health" from health officials and members of the profession, were read.
2. Dr. L. V. Janes and Dr. D. W. Gullett were appointed to represent the Committee at the New York Workshop on Prepayment plans to be held March 12, 13, and 14th at Syracuse, N.Y.
3. Dean Roy Ellis presented his report on Dental Health Services in New Zealand and Australia, after investigation of the same while there in July and August 1950. The report was meticulously prepared and very informative. After presentation and discussion a sub-committee under the chairmanship of Drs. T. R. Marshall and H. A. Swales was appointed to study Dr. Ellis' report along with other reports of the New Zealand service and to report their conclusions at the next meeting.
4. The plan for Orthodontic care as presented by the Orthodontic Section to the Board of Governors at the last Annual Meeting and by them referred to this Committee was read and discussed. (See Page 161 Transactions, C.D.A. 1950). A committee of Drs. H. K. Brown, B. Dixon and S. W. Bradley was appointed to study the plan and report.
5. The "Statement of Dental Health Policy" as presented to the Board of Governors 1950 was reviewed and a paragraph on Dental Research was added. Direction was given that it be printed, and accompanied by a letter from the Chairman, be sent to each member of the Association. This was done. Statement and letter attached as Appendices A. and B. respectively.
6. Direction was given that subject material be prepared for a pamphlet outlining a preventive program in Dental Health. A committee was appointed.
7. Direction was given that "A Charter for Dental Health" be translated into French.
8. The "Principles for Dental Health Services" were discussed and it was agreed that revision was necessary. A committee was appointed under the chairmanship of Dr. Gullett to bring in a report at the next meeting.

HEALTH INSURANCE STUDIES

Meeting of July 21, 1951

9. Dr. T. R. Marshall presented the report of the sub-committee appointed to study Dean Ellis' report and other reports on the New Zealand Dental Service. After detailed study the following resolution was passed:

"That the report of the Sub-committee on the New Zealand Dental Nurses Plan be adopted as amended and that the Chairman present it to the Board of Governors for their consideration". Refer to Appendix C.

10. Orthodontic Plan—the report of the sub-committee (Appendix D.) and the original report as it appears in C.D.A. Transactions 1950 were read and discussed. The following motion was passed:

"That the report of the sub-committee on the report of the Orthodontic Section (Appendix B. Page 161 C.D.A. Transactions 1950) be approved as amended and that the original report be approved as amended."

11. Proposed pamphlet on prevention—The sub-committee presented material for the proposed pamphlet and a suggested format for same. After discussion, paragraph by paragraph, the report was approved and is presented to this meeting for direction. See Appendix E. (This appendix will be published and distributed to the membership separately.)

12. Dr. L. V. Janes presented a report on the Syracuse meeting. It contained a great deal of information, very valuable to the Committee but as it dealt with proposed plans in the U.S.A. and as it was necessarily quite voluminous, it was decided to not present it in this report. Direction was given to Dr. Janes and his sub-committee to continue their studies on Pre-Payment Plans with special emphasis on overall costs. The following resolution was passed:

"Whereas considerable study has been made of pre-payment plans in respect to dental treatment for children, this Committee recommends that an approach be made to the legal body of each province in the hope that one or more pilot plans may be set in operation as a research project to determine the feasibility of a general dental health insurance scheme for children."

13. Revised Principles for Dental Health Services—Dr. Gullett presented the proposed revisions. See Appendix F. After detailed study the following motion was passed:

"That the revised Principles for Dental Health Services as amended be received and approved and presented to the Board of Governors for approval."

14. The Committee gave direction that the observations and conclusions in Dean Ellis' report be published in the C.D.A. Journal.

15. The Chairman wishes to record his appreciation and extend his thanks to the members of the Committee and those who served on sub-committees.

The great bulk of the work of the Committee this year was done in sub-committees and the excellence of their reports is a good indication of the many hours spent in preparation. The introduction of younger men to the sub-committees is a move that deserves commendation.

16. The members of the Committee desired to extend their thanks to the President who attended both meetings and to Dr. Cline who was able to attend the July meeting. They both contributed much to the discussion and their interest was a great stimulation.

17. During this year, the Secretary has distributed to the members of the Committee, pamphlets, reports and general information that he has been able to gather. This service has been most valuable and contributes greatly to the work of the Committee.

APPENDIX A

STATEMENT OF DENTAL HEALTH POLICY

1. The Canadian Dental Association recognizes the pressing need for improved dental health and will actively support constructive plans directed toward the eradication of dental diseases.

2. **Research**—The fact that practically the entire population suffers from the ravages of dental diseases necessitates the establishment of intensive activity in research directed toward prevention.

3. **Health Education**—The success of any programme for the betterment of dental health will depend upon an appreciation of dental health by the individual which means constant and intensive health education at all times.

4. Dental health is an essential part of general health and the eradication of diseased conditions of the mouth structures contributes much to the well being of the individual.

5. Improvement in the dental health of the nation will depend upon a long range programme and a positive approach to the problem. This necessitates a concentration of effort among the youngest age groups of the population.

6. Cooperative effort at the community level produces best results and consequently proper direction and organization is necessary on a community basis.

7. Careful analysis of the cost is imperative. A plan based upon prevention reduces cost in the long run. The individual receiving the service, or those responsible for the individual, should make contribution toward the cost.

8. The Canadian Dental Association stands ready to give advice and assistance in the establishment of equitable programmes.

HEALTH INSURANCE STUDIES

APPENDIX B
June, 1951.

Dear Doctor:

Some time ago you received a pamphlet "A Charter for Dental Health". Enclosed with this letter you will find a brief outline of some necessary principles to be followed in any successful dental health program.

These are prepared and sent to you by your Committee on Health Insurance Studies in order that you may know what is being done and said on your behalf.

It is very necessary that every dentist in Canada should know and understand well what features are desirable in any Health Plan. On many occasions, it has been extremely difficult to repair the damage done by thoughtless remarks on the part of dentists in the presence of those high in government circles.

We do hope you will study these carefully and when asked "Have the Dentists in Canada given any study to Health Plans?" that you will use these releases from your Committee as a basis for your reply.

Trusting that you look favourably on these suggestions and that you may anticipate further releases from your committee, I am

Sincerely yours,
Harvey W. Reid,
Chairman,
Health Insurance Studies Committee,
Canadian Dental Association.

APPENDIX C

SUB COMMITTEE REPORT ON NEW ZEALAND DENTAL HEALTH SERVICE SCHEME

This report is the record of a study made of the New Zealand Dental Health Service Scheme made from evaluation reports by Dean R. G. Ellis, Toronto, Dr. Allan Gruebbel of the American Dental Association and the United Kingdom Dental Mission to New Zealand. An attempted appraisal of the scheme is made in the light of present day knowledge and Canadian concepts. The study has been done at the request of the Health Insurance Studies Committee of the Canadian Dental Association.

Problem in New Zealand

The national dental service was a scheme devised to meet the great need of dental service arising from the deplorable condition of the children's teeth. It was further precipitated by the shortage of dentists and a lack of interest on their part to treat child patients.

Approach

The approach, made in 1920, was to supply restorative dental treatment for all children. Sir Thomas Hunter, a dentist, was appointed by a public service commission of the New Zealand government to develop a scheme. A plan was evolved to train suitable young women who had attained the minimum basic education equivalent to Grade 11 in a government training school, such, that on graduation as Dental Nurses they would be capable of performing simple fillings in deciduous teeth, extractions of deciduous teeth, routine dental cleaning, and to give oral hygiene instruction to children and parents. (Gruebbel).

The school dental nurse scheme is operating as originally planned but has been extended to include all operative treatment and all needed extractions of both primary and secondary teeth of children up to age 12. Provision is made, however, whereby certain services recognized as beyond the capability of the dental nurse, may be referred by her to a qualified dentist. (A practice, according to Gruebbel, which is more often the exception than the rule.)

In 1946 the social security scheme of the country was amended to include dental benefits. These dental benefits provided dental service for adolescents ages 13 to 16 which is provided by qualified "Dental Surgeons, both salaried government, and private practitioners". (Ellis).

Appraisal

The dental condition of the children as it presented in New Zealand, and which led to the development of the dental nurse technician scheme, is common in more or less severity, to all civilized countries of the world today. Any program that will cope with this condition must be planned with the following objectives in mind:

1. TO MEET THE IMMEDIATE PROBLEM

(a) Dental Public Health Education.

(b) Treatment:

(1) Greater quantity

(2) Better quality

(3) Fair cost

2. TO MEET THE LONG RANGE PROBLEM—prevention of dental diseases through RESEARCH.

The New Zealand dental health service scheme will be evaluated with reference to these objectives.

Dental Public Health Education

Although dental health education was stated as one of the original objectives in the plan, this phase of the program received little attention until recently. Its importance was recognized only at the outset of World War II

HEALTH INSURANCE STUDIES

when it was discovered that in spite of the program of treatment in the schools, army recruits presented with dental conditions essentially the same as those of World War I. As a result of this observation Ellis comments, "A well conceived program of dental health education is now being pressed with utmost vigour"; and further "The New Zealand plan emphasizes that a well organized dental education program to be effective, should be the foundation of an overall scheme rather than something superimposed on an already well established treatment service."

B. Treatment

(1) Greater Quantity

It is clear that the New Zealand dental nurse scheme has provided dental operative procedures for children in all parts of the country on a vastly greater scale than anywhere else in the world. Gruebbel observes that in 1949, 73% of children between the ages of 3 and 13 had received treatment. An average of 4.8 fillings and 0.29 extractions per child had been performed. Even so, it is inadequate. Ellis observes—"The School dental service—is surprisingly indifferent to the pre school child, attending about 50% of the available number", further because of the pressure created by necessary need for service in the lower grade pupils, "The trend at the present time is to place pupils age 11 and 12 on the dental benefit scheme under the Social Security Measure," it is further pointed out "There is now a shortage of both dentists and dental nurses in relation to the increasing child population".

Inadequacy of quantitative dental care for children could be attributed to three causes: (1) inadequacy of the dental school curricula in Dentistry for Children; (2) Limited dental personnel; (3) Lack of interest on the part of dentists in treating children patients.

The New Zealand government has developed the school dental nurse program at great cost; one can only speculate as to what the result would be if as much energy and money had been spent to expand dental school facilities in the universities with a view to emphasizing practice of "Dentistry for Children". Without considering the improved qualifications, it is significant to observe that while it takes 5 years to educate a dentist, he practices his profession for the rest of his life. On the other hand while it takes 2 years to train a dental nurse, she continues to serve only a short average period. Ellis states, "591 dental nurses have resigned from the service since its inception in 1923 up to March 31, 1949, having served an average of 7.88 years including 2 years training; further the average total length of service given by the 275 school dental nurses who at March, 1949, have given three or more years service since qualifying and who are still serving, is 10 years including 2 years training period." IT IS APPARENT THEN THAT THE COST OF EDUCATING QUALIFIED DENTISTS WOULD COMPARE QUITE FAVOURABLY IN TERMS OF EXPECTED YEARS OF SERVICE TO THAT OF TRAINING DENTAL NURSES AS AUXILIARY PERSONNEL. In Australia, the

Queensland government fellowship program is an illustration of increasing fully qualified dental personnel to further implement dental care for children. In such a fellowship arrangement, the student receives free tuition and is provided with books and instruments and is paid a salary as a government servant. As part of the contract for this fellowship he is expected to serve the government for at least 5 years after graduation.

Treatment

(2) Better Quality

There is lack of agreement in reports concerning the quality of treatment rendered by the New Zealand dental nurses. Ellis states, "The service is devoted almost exclusively to treatment and repair of dental caries. On graduation the dental nurse is a well trained operative technician, and provides an excellent service in her limited field."

The British report concurs in this opinion. Gruebbel, on the other hand, appears to be unfavourably impressed. His figures, showing only 27.9% of 3,220 fillings defective, do not necessarily substantiate his opinion especially when the filling material used in deciduous teeth was copper amalgam.

There is clearly no disagreement in the reports regarding the scope of treatment. It is emphasized that the dental nurse training is limited to operative procedures. Gruebbel states that these represent 90% of the total service. At the same time, it is pointed out that the school dental service constitutes virtually the only service provided for children in New Zealand. Therefore the dental nurse is saddled with a responsibility beyond her comprehension in examinations and treatment planning." (Ellis)

Gruebbel states, "Although the school dental nurse is expected to provide a scientific health service—she is given no scientific training, she is not encouraged to read scientific books or publications, and she is not given any opportunity for continuing her dental education." The effect of this attitude must necessarily be to limit any improvement in the quality of service.

Any scheme that is based on the early recognition and treatment of dental caries must emphasize the pre-school child. From a discussion with the Director of the Division of Dental Hygiene, Ellis reports that the service for the pre-school child is regarded as something superimposed on the time of the dental nurse and while the dental nurse is anxious to take the pre-school child she is not encouraged to go looking for them.

Treatment

(3) Fair Cost

Everyone will concur in the desire for less expensive dental treatment—goods and services in every sphere generally are too expensive in the public mind. The popularity of the scheme among the people of New Zealand is in a large measure due to its being "free". None of the reports being studied are

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clear in their statements as to cost of the service. Ellis states the cost of the National Dental Service to two million New Zealanders is approximately \$15.00 per person. The cost of the school dental service for 226,636 children is about \$4.61 per child. Gruebbel places the latter figure at \$4.81 per child then goes on to state—"In actual fact, this figure represents only part of the cost of dental services." He says that this figure of \$4.81 does not take into account salaries of Administrative staff or the cost of constructing and maintaining the 508 treatment centres. Gruebbel further states that the average gross receipts by dentists participating in the social security dental benefit scheme is approximately \$14.00 per patient.

With no comparative figures available it is difficult to make a fair appraisal of these costs. It is pointed out that the scheme is losing ground because, as already stated, there is no time for pre-school children, and the two top grades are being referred to dentists all due to increased demand for treatment, further Ellis observes, "As the population increases and the backlog of need expands the cost must rise."

Prevention of Dental Disease through Research

Gruebbel states that the New Zealand government is spending \$1,534,400 on the school and adolescent dental service; \$5,600 on dental research and \$92,400 on education. Ellis states that about \$12,000 is now available for dental research which in his opinion is "too little and too late".

Not only in New Zealand but also in other countries where serious consideration has been given to providing adequate dental treatment, it has been found that treatment supplied is either inadequate or the cost too high or both. New Zealand exemplifies the shortcomings of a limited treatment service and Great Britain is our example of the inherent weaknesses in an unlimited service.

It is a curious fact however that up to now every government or responsible dental organization that has attempted to solve the problem of meeting the dental needs of the people has done so by attempting to provide more or better treatment. As recently as the spring of 1951, the great need for more dentists was one of the main points of discussion at the annual dental teachers meeting in the United States. And yet the history of schemes such as that of New Zealand indicates that training more personnel can at best alleviate the problem: it can never solve it.

There is nevertheless a hope for a possible solution and that is to reduce the need for treatment. Methods presently available for accomplishing this end are inadequate, depending as they do, on a high level of public cooperation. Prevention of dental diseases on a broad scale then demands *New Methods* and this means more and better research. It means research of a kind quite different from that now being undertaken in dentistry. It involves a recognition of the need for research as our primary problem. It involves a reorientation in the thinking of our governing bodies both within and without

the profession, placing much more importance on coordinated research. Concentrated effort made in promoting research has more possibilities to offer than trying primarily to meet the endless need for dental care. Research of the kind envisioned demands trained personnel, and adequate facilities with satisfactory financial support. More than this, it demands integration of effort by personnel engaged in research and an integrated positive support by the profession at large.

THIS IS THE GREATEST LESSON TO BE LEARNED FROM THE NEW ZEALAND EXPERIENCE. TO ATTEMPT TO SUPPLY TREATMENT IN THE NECESSARY QUANTITY AND QUALITY IS TO ATTEMPT TO FILL A BOTTOMLESS WELL. NEW ZEALAND DECIDED HER IMMEDIATE PROBLEM WAS "PROVIDING TREATMENT" AND PLACED IT AS NUMBER ONE ON HER DENTAL HEALTH PROGRAM AGENDA; SHE IS SPENDING ONE AND ONE HALF MILLION DOLLARS ANNUALLY FOR TREATMENT AND TWELVE THOUSAND FOR RESEARCH TO REDUCE NEED FOR TREATMENT. SURELY THE LESSON TO BE GAINED EMPHASIZES THAT THE LONG RANGE APPROACH TO THE PROBLEM OF COPING WITH DENTAL DISEASE IS THROUGH PREVENTION — RESEARCH THEN SHOULD BE THE PRIMARY CONSIDERATION.

Concluding Comments:

In making this study, your committee becomes increasingly aware of differing viewpoints of the three investigators reporting. This is to be expected; moreover the appraisal of the reports here presented, although made fairly in accordance with the committee members' knowledge of the problems, will undoubtedly be coloured by their concepts.

In seeking to apply the findings of this study to further dental health planning for Canada, a significant observation is recorded in the British report — (page 4, item 20) "The Division of Dental Hgiene (in the New Zealand Health service) is organized on the triple foundation of RESEARCH, HEALTH EDUCATION AND TREATMENT.") This appears to be a reasonable and a scientific approach to coping with the problems of dental diseases. In the development of the New Zealand scheme, the original plan was lost due to public demand for and professional acquiescence in the majoring of the treatment phase. Nevertheless, it is a fact, borne out by 30 years experience in the scheme, that the original concept was wisely chosen.

Research properly coordinated and conducted by well trained full-time personnel with adequate financial support gives great promise for devising methods that will reduce the need for dental treatment.

DENTAL PUBLIC HEALTH EDUCATION is essential to enlist public cooperation in applying measures now known to be effective in controlling dental diseases. Commenting on this phase of the New Zealand scheme, Dean Ellis states, "Until very recently, dental health education has not been ade-

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quate," then he goes on to point out that at the present time, "It is my opinion that his program (denal health education) is second to none in the dental health field throughout the world." Both the British investigators and Dr. Gruebbel are favourably impressed. It seems important to observe that after nearly 30 years of majoring an ever enlarging treatment program the value of dental health education has now been discovered.

TREATMENT in increased quantity is needed to alleviate the dental ills of Canadian children and young people. This might be achieved in part by approaching the problem in 3 ways: (1) conserving the dentist's time and energy for professional services and delegating other duties to auxiliary personnel; (2) increasing student admissions to study dentistry by whatever means are possible; (3) providing increased training and incentive among undergraduates and graduates alike for the practice of dentistry for children, further realistic study of this problem is urgent if the quality of dental care in Canada is to be improved or even maintained at present level.

TREATMENT AT FAIR COST should be interpreted to mean reasonable cost to the public and fair compensation to the dentist; it should not mean reasonable cost to the public at the expense of the dentist. One of the chief reasons for lack of interest in treating children lies in the fact that custom has set compensation to the dentist for dental care of children at a reduced tariff. In the New Zealand scheme the government provided a dental service *free* to all children and it has been *freely* accepted with questionable individual appreciation and lifetime benefit. Ellis observes, "One soon becomes aware that the attitude of the lay person is that sooner or later the teeth will be lost. Thus, when the treament given through the national Dental Service ends, extractions and dentures soon follow." This does not appear as a good government investment in health benefits.

Fair cost is relative, in dental service as with other goods and services, but in its determination, value, or, in this case permanent benefit, is a most important factor. Here then is another problem which invites further study, cost determination of dental care for children and its allocation in a dental health insurance scheme.

This report is submitted with the hope that its findings may be useful and have been fair to the writers of the reports reviewed. The Committee also begs the indulgence of those quoted if the interpretation and observations do not accurately convey their original meaning.

Respectfully submitted,

J. B. MACDONALD
GORDON NIKIFORUK
R. W. MARSHALL
H. A. SWALES
T. R. MARSHALL,
Chairman.

REPORT OF SUB-COMMITTEE ON PRESENTATION BY CANADIAN ORTHODONTISTS

Report of Sub-Committee of Health Insurance Committee on Appendix B. of Presentation by Canadian Orthodontists— (Proposed Plan for Orthodontic Care through the Federal Crippled Children's Grant) — in Transactions of the Canadian Dental Association May 11–17, 1950.

The following amendments are suggested:

After the word "such", in the second line of the preamble, insert the words "a publicly financed".

Part C, sec. 4, Sub-section (a) : after the words "(at least ten films)", add the words "or extra-oral films and the necessary intra-oral films".

Part G, sec. 2, Sub-section (a) : after the words "Health Department" place a period and strike out the words "Dental Health Section"; and strike out of the whole of Sub-section (b).

Part G, sec. 3: strike out 2nd paragraph.

Part H: after the word "dentists" in the heading, place a period and strike out the words "under the Crippled Children's Act"; and in sec. 3: delete the word "active" and strike out the words "(Canadian Orthodontic Association)".

Sub-Committee:

S. W. Bradley

B. Dixon

H. K. Brown, Chairman.

REVISED PRINCIPLES FOR DENTAL HEALTH SERVICES

The Canadian Dental Association recognizes an existing need for the improvement of dental health and will cooperate fully in constructive action directed toward improving the dental health of the nation provided that the following principles are adhered to:

1. That dental health education be adequately provided for as a prerequisite and as a continuing program.
2. That adequate provision be included for the encouragement and support of research in dentistry.
3. That preventive dentistry rather than restorative dentistry hold a dominant position.
4. That the practice of dentistry be carried on in the private office of the dentist, except under circumstances not favourable to private practice.

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5. That there shall be no interference with the development and progression or recognized professional standards.
6. That every qualified dentist in good standing be eligible to practise under the plan.
7. That the patient have freedom of choice of dentist and the dentist to retain the right to refuse attendance upon a patient subject to geographic, ethical or professional considerations.
8. That the basis of dental service be, to make available the services of the dentist in general practice—the referring of patients for any special services to be made through dentist.
9. That the determination of need for dental services be the prerogative of the dental profession.
10. That the dental profession be adequately represented on all coordinating authorities and committees of any dental health plan.

COMMENT AND RECOMMENDATIONS

We concur with addition of statement respecting research and commend the Committee's action in sending statement of Dental Health Policy and accompanying letter to the members of the profession.

Recommendation: We recommend approval of the format, specifications and text as amended of the pamphlet, "Prevention in a Dental Health Program" and that it be printed for distribution in accordance with the policy for other similar pamphlets.

We recommend approval of resolution contained in para. 12.

We wish to congratulate the Chairman and members of the Health Insurance Studies Committee for their excellent report upon a year of unparalleled activity.

We commend our President, Vice-President and Secretary for their sustained interest in the work of the Health Insurance Studies Committee.

We recommend the adoption of the report as amended.

APPROVED

MEMBERS OF THE DENTAL PUBLIC HEALTH COMMITTEE: HAROLD A. SWALES, Chairman, Toronto, Ont.; GLEN MITTON, Toronto, Ont.; R. R. BUTLER, Toronto, Ont.; S. A. MacGREGOR, Toronto, Ont.

REPORT

1. Your Dental Public Health Committee started the year with a house cleaning of our printed material. Many outdated editions were discarded, the rest were sorted and recorded. A single copy of all our material was sent to each provincial chairman and to the dental directors of each province. We asked them to give us an evaluation of the material and advised them that more copies were available if needed. I must again report that response to correspondence is not what it should be but we did get sufficient information to confirm our own opinion: that we must strengthen this department. This has been done, to a degree, thanks to the Public Relations Committee and to the Health Insurance Studies Committee. We are always pleased to receive copies of material put out by the Dental Division of the Department of National Health and Welfare and we congratulate them on their efforts.

2. In my last year's report I mentioned the difficulty of carrying on a Dominion-wide Dental Public Health program by mail order. Conditions are just the same this year; instead of being a difficulty it is now an impossibility. I took my problem to the C.D.A. Executive meeting last February where I presented a rough draft of a proposed program, to be held in Toronto for the provincial chairmen. This presentation was very well received by the Executive and a meeting of this type should be held sometime in the near future.

3. The cost of bringing all these men to one central point would exceed our budget for this year, so a compromise was reached. Arrangements were made whereby the C.D.A. chairman would meet the four chairmen from the Western provinces in Winnipeg during the Western Canadian Dental Society Convention and the Eastern chairmen during the C.D.A. meeting in Ottawa.

4. The meeting in Winnipeg was a decided success. The exchange of ideas and a clearer understanding of each others problems as our first order of business was accomplished so much easier where we could sit around a table and call each other by our first names. Our second task was to appraise our Terms of Reference. This is a big job and must be carried over until the Eastern provincial chairmen have an opportunity to put some work on it when we meet here in the next few days. I think D.P.H. education can be improved in Canada by some recommended changes which we will bring to you in the future.

5. The immediate problem that seems to face each province in putting over

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a D.P.H. program is a shortage of personnel. The following resolution came from the Winnipeg meeting and copies have been sent to all provincial chairmen. We recommend this resolution for your approval and action:

6. "Whereas the problem of dental personnel is becoming increasingly acute and Whereas the impact of activities in the field of Dental Public Health will undoubtedly accentuate this problem; Therefore be it resolved that the D.P.H. committee of the C.D.A. make strong recommendation to the proper authorities that in any implementation of the Massey Report in regard to Federal aid to Universities, due emphasis be given to special assistance to dental schools allowing expansion of facilities for the necessary increase in dental personnel including dental hygienists. Such representation to be made on the provincial level where necessary and that if considered desirable, to include financial assistance to carefully selected students."
7. Last year I reported that the formation of a dental section in the Canadian Public Health Association was underway. I can now report that it is a flourishing section having held a sectional meeting at Montreal in June during the C.P.H.A. Convention. Next year the C.P.H.A. will meet in Winnipeg and again the dental section will have a part in the program. I would suggest that dentists in the Winnipeg area join the C.P.H.A. so they may attend the meeting and show a strong representation of dentists. This section is young in the C.P.H.A. and we want to justify our existence.
8. Another important development to aid D.P.H. programs is the formation of the "Society of Dentistry for Children". In Canada this society is just starting but the first meeting held by the Ontario Unit in Toronto last May attracted some two hundred and fifty dentists. One worry in the past, has been that an educational program carried to lay groups has "bogged down" when dentists would not do the work for children. A Society of Dentistry for Children spread across Canada will certainly be a great help to D.P.H. groups in overcoming this present difficulty.
9. The provincial reports are hard to present mainly because they have not been presented to the Committee. We think this will not happen in the future as the provincial chairmen will be impressed with the importance of this matter after we meet together. I am sure that each member of the provincial boards is well acquainted with the progress being made in his own area.
10. British Columbia has been well reported in the C.D.A. Journal and is to be congratulated on the progress that has been made. The Ontario committee is just on the eve of further expansion and has been devoting a lot of time this year to the preparation of material. One booklet entitled "Your Child and Mine" which will soon be completed and ready for distribution, is one of the best of its kind and those responsible for the development of this publication are to be congratulated. The committees in the other provinces have been working hard I know, but as this report is prepared well in advance,

I do not have all the material from the other provinces. This is something that should be corrected and I feel that it will be after our "get together" of provincial chairmen.

11. The "Clipping Service" for the C.D.A. has stocked our files with D.P.H. material from all over Canada. I had hoped to have this material arranged for visual presentation at this meeting but am unable to do so, due to the quantities that have arrived at my office. This is a very fine service and should alert members of our profession against making statements that have not been carefully thought out before presentation. Reporters have a habit of picking up some minor part of a statement and majoring it until it appears to be the real text of the article. News reports like this are sometimes misleading and detract from the true picture; thus defeating your D.P.H. educational program. There are many other reasons for having this clipping service but this is just one point which I think we should all consider.

12. I mentioned before the success of the meeting in Winnipeg and I am placing great hope on meeting with the provincial chairmen from the East at this time. (*Gentlemen, personal contact is the best way Dental Public Health can be carried across Canada.*) Speed the day when circumstances permit that a young D.P.H. dentist, as described in last year's report, can devote full time to this work for the C.D.A. Until then we will never have an ideal D.P.H. set up in Canada. Meantime, more and more of our members must in our humble way try to carry on.

13. Future programs should continue as local conditions permit adoption of the C.D.A. seven point policy (see Page 123 C.D.A. Transactions 1950), as laid down in the "Terms of Reference". This is not a hard and fast rule that must be adhered to by each province, but an overall plan for guidance. It would seem that some provinces might require a little help in adapting their particular problems to the overall plan and this must be done at local meetings guided by someone experienced in the working out of the plan. Therefore, our committee should have representation at more of the provincial meetings, to assist in the carrying out of their D.P.H. programs and thereby have a first hand knowledge of what is being done in each province.

14. Our materials department must be built up with more material of all types. We are proud to have had a part in developing the booklet "Your Child and Mine" and will be contributing, financially, to this publication. Then there are other kinds of material needed. We have been invited to furnish an exhibit in London, England, next year and we don't have suitable material.

15. Due to travelling expenses necessary in giving help to provincial committees and the demands for extra materials, we request from the budget committee, an increase to twenty-five hundred dollars (\$2,500.00) to meet the needs.

16. I wish to express my congratulations to the C.D.A. on acquiring the new

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quarters and express the appreciation of this committee for the added comforts and conveniences provided us for carrying on our work. An expression of appreciation goes to the entire staff and to the Executive of the C.D.A. for the many kindnesses shown.

17. May I close this report by thanking my committee for serving this year and request their continued assistance next year.

COMMENT

We wish to commend the Chairman and his Committee for an excellent report.

We move the adoption of this report as amended.

APPROVED

Secretary's Note: Considerable discussion arose when this report was presented to the Board. The report was approved in principle and the discussion was concerned with ways and means of financing the proposals contained therein, which did not result in any immediate solution.

MEMBERS OF PUBLIC RELATIONS COMMITTEE: G. V. FISK, Chairman, Toronto, Ont.; HARRY S. THOMSON, Toronto, Ont.; H. E. LEYLAND, Toronto, Ont.; L. M. GROSE, Toronto, Ont.

REPORT

1. Your Committee on Public Relations reports that in addition to the regular activities for the year 1950-51, the following two projects were referred to it for action.

- (a) The Program for the opening of the new headquarters building on February 10, 1951.
- (b) Plans for the celebrations of the Fiftieth Anniversary of the C.D.A. in 1952.

(a) The Opening of the New C.D.A. Headquarters

2. The activities in connection with the opening of the new C.D.A. Headquarters February 10 and 11, 1951, followed a meeting of the Provincial Representatives to consider the formation of a National Examining Board and preceded a meeting of the Executive Committee. As a result, a representative from every province was present at the Official Opening on Saturday, February 10, 1951.

3. Dr. Harold Oppice, President of the American Dental Association attended and conveyed greetings. Also present were representatives from 'health' and other professional organizations with their ladies.

4. The ceremony was conducted by President Lowery who, in his usual capable manner referred to the event as a dream come true. He called upon the Very Reverend George C. Pidgeon to give the dedicatory prayer and introduced The Honourable Paul Martin, who cut a ribbon stretched across the threshold of the Library and declared the building open. A full account of Mr. Martin's address on the occasion appeared in the March 1951 issue of the C.D.A. Journal. The dedicatory prayer appeared in the April issue.

5. A luncheon, attended by the Provincial Representatives, preceded the opening ceremonies. Here Mr. Martin was presented with a suitably engraved cigarette case as a memento of the occasion. A dinner at the Granite Club also attended by the Provincial Representatives and their wives concluded a memorable day.

6. On Sunday February 11th, about 150 dentists and their wives accepted the invitation to inspect the building. This invitation was sent to every member of the profession in Canada. A member of the committee entertained the Provincial Representatives who were in Toronto on Sunday.

7. Those present on both occasions signed the guest-book, which was the gift of Dr. Harold Swales to the Association.

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(b) 50th Anniversary Celebration

8. During the year 1952, the Dental Profession will celebrate the 50th Anniversary of the founding of the C.D.A. It is recommended that suitable recognition be made by setting aside a special night at a time convenient to each province; to be the responsibility of the Corporate member, *through the medium of the Representatives on the Board of Governors.*

9. The enthusiastic cooperation of the Corporate Members and the Provincial Representatives will make this celebration a highlight in provincial activities during 1952.

Special Issue Journal C.D.A.

10. Satisfactory progress is reported to date in the proposed 50th Anniversary number of the Journal for June 1952. The Consolidated Press is cooperating with our Business Manager in developing an interest amongst our advertisers in order that the increased size of this issue may be balanced by an increased revenue from the advertising pages.

11. The Editors of both Sections are cooperating with this Committee to make the Anniversary number an outstanding one. An outline of the contents of the Anniversary issue appears in Appendix B.

Vancouver Meeting

12. The program committee for the Vancouver meeting is making plans to suitably mark the 50th Anniversary of the C.D.A. It is hoped that during the meeting an honorary degree may be conferred upon an outstanding Canadian dentist.

Red Cross

13. On Saturday February 3rd a dinner was tendered to Dr. Leonard Miller, Deputy Minister of Health for Newfoundland and chairman of Junior Red Cross committee for that province by representatives of Canadian Red Cross and C.D.A. Dr. Miller was assured of the appreciation of the C.D.A. for the interest of the Junior Red Cross in Dentistry through the providing of funds for the services of a dentist for the children of the remote areas of Newfoundland.

Press

14. Under the terms of reference, one of the functions of this committee is to arrange for publicity in press and radio. In the field of press publicity during the past year, dentistry reached an all time high. In the period from May 30th 1950 to June 30 1951, 4,291 clippings referring to dentistry have been received from Canadian Press Clipping Service, to which the Association has continued its subscriptions. These clippings, from newspapers across the whole Dominion were representatives of both languages. Your chairman was privileged to review the clippings before they were forwarded for the consider-

ation of the appropriate committee. Appendix A sets forth the total number received each month.

15. As an example, a tabulation of the subjects covered by press clippings returned after last annual meeting follows:

Officials	27	Charter on Dental Health ..	5
Dr. Reid's Address	20	War Memorial Scholarship ..	2
Special luncheons	13	Newfoundland Admission ..	2
President's photo	10	Honorary member	2
Ladies activities	9	Miscellaneous	20
Secretary's report	8		—
			118
			clippings

16. An alphabetical list of the newspapers and the number of items carried respecting the annual meeting is set forth in Appendix A.

17. The fluoridation of communal waters is a topic of tremendous interest to the public at the present time and because of its wide coverage in the press, exerts a profound influence upon the public's attitude towards preventive dentistry. Special articles on dentistry also appeared in many leading Canadian magazines. Suitable acknowledgement has been made to the authors involved. A list of these articles appears as Appendix C.

Radio Broadcasts

18. Following the 1950 Annual Meeting the Canadian Broadcasting Company carried two separate broadcasts on dentistry. One was a prepared summary by four of the convention essayists, entitled "This Week" broadcast on May 20th, 1950; the other entitled "Wider Please" on May 28th in the series "John Fisher reports". A C.B.C. newscast on February 10th 1950 as well as other broadcasts reported to this committee are tabulated in Appendic C.

19. At the first meeting of the Committee for the year, the method of notifying members of the profession of the dates and times of nation-wide radio broadcasts respecting dentistry was reviewed. Notification by post card has proven too slow as the information respecting broadcast time could not be ascertained early enough from the broadcasting station.

20. Decision was reached that as soon as the committee was notified of the date and time of a nation-wide broadcast, the Provincial Registrars would be notified by wire. The Registrar in turn would be requested to insert a small unsigned advertisement in the radio page of the newspaper—an example, "Hear John Fisher's Broadcast on XLO at 6.45 p.m. Sunday night". The cooperation is requested of the members of the profession; particularly the members of the Board of Governors to notify the Committee as to time and station of any nation-wide radio broadcast. Your committee can be of service in this connection only if advised well in advance of a forthcoming broadcast.

21. A member of the Public Relations Committee, Dr. Everett Leyland has

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agreed to compile suitable material on dentistry for the Committee to release to C.B.C.

News Releases

22. Four prepared articles have been released for publication since our last meeting. The Health League of Canada requested an article on dentistry, for release during National Health Week, February 4-10th, 1951. Dr. Russell Butler, Chairman, Ontario Dental Public Health Committee prepared an article entitled "Brushing maintains Healthy Teeth and Gums" which was released through the Health League by our Committee on January 15th.

23. A statement prepared by the C.D.A. Research Committee, on the fluoridation of communal waters was released to the newspapers on March 29th.

24. An announcement of the formation of the Ontario Unit of the Canadian Society of Dentistry for Children was prepared by Dr. Wesley J. Dunn, Secretary, and released to the Press on May 10th.

25. An announcement of the official opening of the C.D.A. Headquarters prepared by this Committee was released to the Canadian Press and British United Press on February 10th.

26. All of these news releases received excellent coverage as shown by the number of clippings returned by the News Clipping Service and is an indication of an interest on the part of Canadian newspapers in news items pertaining to dentistry. Suitable news releases have been prepared for distribution to the press at this Board of Governors' Meeting.

27. A member of the committee, Dr. Lloyd Grose obtained for our Association, a press mailing list which enables the Association to release articles on dentistry in any area should the need arise.

28. In response to a letter from your chairman, the chairman of four committees forwarded material suitable for use by the Public Relations Committee. The chairmen of all committees are again reminded of the desirability of keeping the Public Relations Committee informed of developments which could form the basis of news releases of public interest.

Questionnaire

29. On May 22nd a questionnaire was sent to the Provincial Representatives of the Board of Governors. As usual, the Provincial Representatives returned the completed questionnaires promptly and placed the committee in possession of valuable information. The committee is grateful for the splendid help received in this way. A copy of the questionnaire and a tabulation of the replies appears as Appendix D.

30. A brief comment upon the tabulated information follows:

(a) The advancement of dentistry through the media of the Press and Radio Broadcasting needs further development.

(b) Tremendous progress has been made by dentistry in each Province in the Departments of Health which will be reported in detail by other committees.

(c) In three provinces a vocational consultant service has been organized by members of the dental profession. In some provinces a vocational guidance program is functioning under the aegis of the service clubs. For best results it is desirable to organize such a service amongst members of the dental profession in every province.

(d) Trends unfavourable to dentistry were reported in two western provinces.

(e) Several valuable suggestions for news release topics were included in the tabulated return.

(f) Other helpful suggestions were received. Each of these will be carefully considered by the committee.

Relationship with Government Departments

31. In addition to the highly satisfactory relationship with the Provincial Health Departments as reported through the questionnaire, there must be added the splendid liaison enjoyed with the Federal Health Department; particularly with the Dental Division. A summary of the activities of the Division of Dental Health appears as Appendix E.

Can Tooth Decay be Stopped

32. The health section of the April 1951 issue of Consumers Union carried an authoritative article on dental caries by Dr. Irwin Mandel. Permission was received from the publishers to reprint this article which was sent to each member of the dental profession in Canada under the title, "Can Tooth Decay be Stopped". This booklet was well received and the numerous requests for additional copies were supplied until the supply was exhausted.

Vocational Guidance

33. Since the last meeting of the Board of Governors, the booklet "Dentistry as a Career" was published in the French language and mailed to the French speaking dentists.

Expansion of Public Relations Activities

34. Never in the history of the dental profession was there greater need for good public relations. Your committee has merely scratched the surface this year.

35. Bruce Barton expressed it as follows: "No business has the moral right to allow itself to go unexplained, misunderstood, or publicly distrusted for by its unpopularity it poisons the pond in which we all must fish".

36. George E. Meredith: "Business and professional people must do more of the things people like and less of the things they dislike."

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37. Nicholas Butler states: "We must look back with wisdom to look forward with intelligence."

38. Constructive action by the profession is needed to maintain its professional independence. Contacts are necessary with government authorities; health organizations; educational authorities; international dental associations; parent-teacher associations and many others.

How can this be accomplished?

39. The organization of a Public Relations Committee in each province would be an important step towards the accomplishment of a complete public relations program, with the C.D.A. Committee acting as a coordinating agency. In some provinces such a Committee already has been set up.

Public Relations Counsellor

40. After careful consideration your Committee is convinced that the development of a planned program of public relations is necessary if your Committee is to do effective work in this extremely important field. Accordingly, on July 10th, at the request of your Committee a report was prepared by Mr. E. B. Higgins, Public Relations Counsellor who has outlined a comprehensive program for the Association. Your Chairman presented this matter at the July 24th meeting of the Executive Committee, which endorsed the recommendation of the Committee in the following resolution.

41. "That the Executive Committee commends the Public Relations Committee for its report and recognizes the necessity of a planned public relations program for organized dentistry within the financial possibilities of the Association."

42. Members of the Profession as Public Relations Officers

The importance of the individual dentist as a public relations officer has been considered by the Committee. The daily contacts of each member of the dental profession in his office as well as elsewhere, exerts a profound influence for good or ill upon the whole profession. The practice of the golden rule by every member of the profession would be much towards improving public relations.

43. As a practical suggestion for the development of the possibilities of the part of the individual dentist in the public relations program, a presentation in the form of a paper, group clinic or panel discussion is suggested at an annual meeting of the C.D.A. A member of the Committee, Dr. E. Leyland, has prepared an outline and your Committee will be pleased to prepare such a presentation for the national, provincial, or local dental society.

44. In addition a resolution has been forwarded through the Executive Committee to the deans of the dental schools requesting their cooperation in bringing to the attention of the graduating dentists, the importance to the profession, of good public relations by the individual dentist.

45. Medicine recognizes the importance of each doctor as a public relations officer. Our cooperation as professional men is extremely important.

Review of Articles

46. Your Committee was pleased to comply with a request from Dr. C. H. M. Williams who submitted for review an article written by a professional writer, based upon an interview with Dr. Williams, respecting an experimental study carried out under his direction.

47. The interview was granted with the assurance that after the article was written, Dr. Williams would have an opportunity not only to edit the material but, also, to submit it to the Public Relations Committee for review before release for publication. This was done and a letter to the author of the article from the paper which purchased it states, "it means a good deal to us to know that the facts have been checked and verified".

48. In a letter to the Committee, Dr. Williams makes an important suggestion as outlined in the following excerpts from his letter: "I would also like to suggest that your Committee be responsible for establishing principles and methods which will control the nature of the information relating to dentistry which reaches the public. The position of the dental profession in the world of science is only beginning to be recognized, and it is still very insecure. While we need publicity to promote our educational efforts, we just can't afford sensational or inaccurate reporting. If we disappoint the public they shall lose faith in our teaching and we shall not be able to cause them to adopt the beneficial measures that we should teach. In addition, criticism of our efforts would tend to discourage the financial support which is so very seriously needed for our research projects."

49. The Committee has carefully considered and heartily endorses the valuable suggestion made by Dr. Williams, and wishes to thank him for his cooperation. The work of the Committee would be greatly facilitated if every member of the profession would, where feasible, take similar constructive action before the publication of articles for the laity. It is anticipated that before the next annual meeting the principles referred to will be established by the Committee.

50. Recommendations

(a) That the Corporate members cooperate with the Provincial Representatives on the Board of Governors to recognize at a suitable time and place in each province, the 50th Anniversary of the founding of the C.D.A.

(b) That chairmen of committees keep the Public Relations Committee informed of developments within the committee which are of public interest.

(c) That vocational counsellor services within the profession be organized in each province.

(d) That consideration be given to the appointment of a public relations counsellor for the C.D.A.

PUBLIC RELATIONS

- (e) That plans to make each member of the profession, and in particular the graduating dentists, public relations conscious, be approved.
- (f) (1) That in order to implement the additional duties outlined in (e), the following addition be made to the terms of reference for the committee:
- “To develop and maintain a public relations consciousness amongst the members of the profession.”
- (2) That in view of the increased activities of the Committee, the number of members be increased by two making a total of five members.
- (g) That a public relations committee be organized in each province.
51. This report would not be complete without reference to the wholehearted cooperation of the staff at headquarters which has facilitated the accomplishment of the activities of the Committee. In conclusion, your chairman, wishes to thank all who have cooperated with the Committee and particularly the members of the Committee for their enthusiastic support and for their excellent cooperation.

APPENDIX A

CLIPPINGS RECEIVED RE ANNUAL MEETING

Newspaper	No. of Items	Newspaper	No. of Items
1. Belleville Intelligencer	1	20. Montreal La Presse	1
2. Brandon Sun	1	21. Moncton Transcript	1
3. Brantford Expositor	2	22. Niagara Falls Review	3
4. Calgary Albertan	2	23. North Bay Nugget	2
5. Calgary Herald	1	24. Oshawa Gazette	1
6. Charlottetown Guardian....	1	25. Ottawa Journal	5
7. Craig Weekly (Sask.)	1	26. Peterborough Examiner	6
8. Cornwall Freeholder	3	27. Prince Albert Herald	1
9. Canora Courier (Sask)	1	28. Québec Le Soleil	2
10. Financial Post (Editorial)	1	29. Québec L'Evenement	1
11. Halifax Chronicle	1	30. Regina Leader Post	3
12. Hamilton Spectator	5	31. Rouyn La Frontiere	1
13. Kingston Whig	1	32. Saskatoon Star	1
14. Kitchener-Waterloo Nugget	2	33. St. Catharines Standard	1
15. Leamington Post	1	34. St. John's (Nfld.) News	2
16. Lethbridge Herald	1	35. Saint John Telegraph	1
17. London Free Press	3	36. St. John Times	1
18. Montreal Star	4	37. Sarnia Observer	1
19. Montreal Gazette	2	38. Toronto Telegram	8

PUBLIC RELATIONS

39. Toronto Globe and Mail... 18	46. Vankleek Hill Review 1
(1 Editorial)	47. Victoria Times 1
40. Toronto Star 12	48. Walkerton Herald 1
41. Toronto Marketting 1	49. Welland Tribune 1
42. Tottenham Sentinel 1	50. Windsor Star 1
43. Trois Rivières	51. Winnipeg Free Press 1
La Nouvelliste 1	52. Winnipeg Commonwealth.. 1
44. Vancouver Sun 1	53. Winnipeg Mirror 1
45. Vancouver News Herald ... 1	54. Woodstock Sentinel 1
	Other Weeklies 20

	Total140

PRESS CLIPPING SERVICE

Monthly Totals

May 30th, 1950 — June 30th, 1951

Date	No. Clippings
May 30/50	278
June	185
July	191
August	145
September	246
October	237
November	292
December	256
January 30/51	289
February	398
March	348
April	407
May	450
June	569

Total	4,291

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50th ANNIVERSARY ISSUE OF JOURNAL

June 1952

English Section

Author

Cover—special design, green, gold letters
Frontispiece—New Headquarters
History of C.D.A.
Biography and Photo of each Past President
Concise history of each Corporate Member
Concise history of Dental Education in Canada
Concise history of Voluntary organizations
Statistical information re Profession
The development of the Specialties in Dentistry
Editorial—The development of Canadian Dental
Journalism
The development of Literature and Research
Dentistry in Public Health
The development of the R.C.D.C.
The Dental Council of Canada

Dr. D. W. Gullett
Dr. D. W. Gullett
Secretary-Registrars
Dr. J. Stanley Bagnall
Dr. Lee Honey
Dr. D. W. Gullett

Dr. G. V. Fisk
Dr. M. H. Garvin
Dr. J. H. Johnson
Dr. H. A. Swales
Brig. E. Wansbrough

French Section

“Activities of the College of Dental Surgeons of the
Province of Québec, during those past fifty
years”
“Evolution of Dentistry, as a profession, in Québec”
“History of the Faculty of Dental Surgery of the
University of Montreal from 1902-1925”
“The Development of French Dental Literature in
Canada”
“French Dental Societies in Canada”
“Evolution of Research in French-Speaking Dental
Profession”
“Development of Dental Hygiene in the Province
of Québec”
“Lay Contribution to Dental Hygiene”
“Evolution of Dental Teaching”
“Demographical study of the Dental Profession”
“The Dentist of Rural Centres, throughout the
first part of the Century”
Editorial: “The C.D.A. and its fifty-one years of
service to the public and to the profession”

Dr. Denis Forest
Dr. Philippe Hamel

Dr. Eudore Dubeau

Dr. P. E. Poitras
Dr. Conrad Godin

Dr. Roland Gendron

Dr. Gabriel Lord
Dr. Amherst Hebert
Dr. Ernest Charron
Dr. Viger Plamondon

Dr. Yves Lafleur

Dr. Gérard de Montigny

Periodical	Issue	Title	Author
1. Canadian Railway Employees Monthly	June 1950	"Now Smile—If you Dare"	H. K. Brown, D.D.S.
2. Civic Administration	June 1951	"Fluoridation of Drinking Water"	Donald B. Williams
3. Consumer Reports	Feb. 1951	"Quote—Without Comment"	Editorial
4. Consumer Reports	Apr. 1951	"Can Tooth Decay be Stopped"	I. D. Mandel, D.D.S.
5. Dental Digest	May 1948	"Guide for Proper Food Selection"	Rowe Smith, D.D.S.
6. Health	Oct. 1950	"Society and Dental Health"	L. A. Gill, B.A., D.D.S.
7. Health	Nov.-Dec. 1950	"Team Play in Dental Public Health"	G. T. Mitton, D.D.S.
8. Health	Mar.-Apr. 1951	"Red Cross Dental Coaches"	Mrs. J. R. Nairn
9. Health	Mar.-Apr. 1951	"Montreal's Dental Health Program"	Adelard Groulx, M.D.
10. Health	May-June 1951	"Baby Teeth are Important"	E. R. Bilkey, D.D.S.
11. Liberty	June 1950	"In My Opinion"	J. V. McAree
12. Life	Jan. 1951	"Tooth Decay"	A.D.A.
13. Macleans	July 1951	"It Really Doesn't Hurt a Bit"	Max Braithwaite
14. Canadian Home Journal	Mar. 1951	"Good Dental Health"	Metropolitan Life Assurance Co.
15. Pageant	May 1951	"Sugar, Sweet Misery of Life"	Michael Bakalar
16. Saturday Night	July 1951	"64.00 Ques.: Penicillin and Teeth"	Ron Kenyon
17. Toronto Star Weekly	Mar. 1951	"Fluorides in Brantford"	Editorial
18. Woman's Home Companion	Nov. 1950	"Boy Meets Dentist"	

II. Radio Broadcasts

Title	Sub-Title	Date	Station
"This Week"	Drs. Becks, Steffel McHenry, and Thompson	Sat., May 20/50 1.15 - 1.30	Toronto C.B.L.
"Wider Please"	John Fisher Reports	May 28, 1950 6.00 - 6.15	Toronto C.B.C.
"A Pedodontist Speaks"	Interview with Dr. S. A. MacGregor	Nov. 1950	St. Louis
"Newscast"	New C.D.A. Headquarters Official Opening	Feb. 12, 1951 5.45 - 6.00	Toronto C.B.C.
New Developments in Dentistry	Dr. D. W. Gullett at Western Can. Dental Society Convention	June 6, 1951	Winnipeg
Dr. C. H. M. Williams	Commonwealth Scientific News		B.B.C.
Faculty of Dental Surgery, University of Montréal	Formation of a Dentist	June 12, 1951	B.B.C. — French Section

QUESTIONNAIRE

C.D.A.

Public Relations Committee

1. Have any of the following media contributed to the advancement of dentistry in your province since July 1st, 1950?

Date	Place	(a) Radio Broadcast	(b) Newspaper Articles	(c) Other
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2. What developments in the Department of Health of your province affected dentistry since June 1st, 1950?
3. What counsellor or consultant service has been organized by the dental profession of your province with whom, officials, school principles, teachers, parents or students, may confer concerning dentistry as a career?
4. Have any incidents or trends unfavourable to the dental profession developed in your province which might be counteracted by Public Relations effort?
5. Have you any suggested topics for press releases by the Public Relations Committee?
6. Other suggestions?

Public Relations Committee Questionnaire

I.—CONTRIBUTION TO THE ADVANCEMENT OF DENTISTRY

	Radio	Newspaper	Other
Newfoundland	No Comment		Editorials on Public Health Dentistry. Full coverage of Jr. Red Cross efforts to establish travelling clinic in remote area.
Prince Edward Island	none	none	none
Nova Scotia	none	no comment	Requests from H. and S. Associations for literature
New Brunswick	none	none	National film board and Dept. of Educ. circulate dental films to schools and community groups
Québec	numerous French	French (numerous)	no comment.
Ontario	See Appendix C.	few (fluorid. water supply) Patients favourably impressed with C.D.A. write-ups	Charter for Dental Health (Fr. and Eng.). Society and Dental Health (Health Mag.). Unfavourable patient reaction re conduct of dentist to patient and prices charged.
Manitoba	none	Reports of speakers written up	no comment.
Saskatchewan	none	News items on dent. prog. various Regs. of Province	The Saskatchewan News, published by Sask. Govt. has carried dental education articles.
Alberta	none	Items pertaining to oral health, preventive dent. and diet, reports of clinics, personal items re dental association officers.	The University of Alberta has a student advisor on careers who visits the schools of the province.
British Columbia	few	no comment	no comment.

2. — DEVELOPMENTS IN DEPARTMENTS OF HEALTH

Newfoundland	1. — Free Clinic in St. John's for children 7-8. Local dentists contribute half day per week. 2. — Cooperation of Dept. of Health to thwart legislation of a new and prejudicial Dentistry Act.
Prince Edward Island	Dept. of Dental Hygiene established by Prov. Dept. of Health in fall of 1950 has stimulated public interest in dental health.
Nova Scotia	Director of Dental Service caused more dentist employed by Govt. — rural school children better cared for. Dental trailer operators employed in sanatoria in winter.
New Brunswick	Public Health nurse on staff Teachers College. Dept. of Health gives free lactobacillus count and dietary analysis to Dent. profession.
Quebec	No comment.
Ontario	1. — Bill to regulate Dental Hygienists 2. — Financial arrangements made with Ont. Legislature to retain Dental Health Officers at Welland. 3. — Two large projects still in planning stage. 4. — Expansion of Health unit work. 5. — Water Fluoridation caries study. 6. — Mobile dental equipment for remote areas. 7. — Consultant services. 8. — Fed. and Prov. Dpts. Health cooperation on research work.
Manitoba	One salaried dentist employed presently in addition to the Director of Dental Services.
Saskatchewan	Dept. of Public Health has recently established six bursaries. Six young ladies will be trained from these funds as Dental Hygienists. The course will be a two year period.
Alberta	Fluoridation discussed by local Health Departments.
British Columbia	Considering program to make dental services available to larger percentage of children. Cost to be shared equally by Division on Preventive Dentistry and local community. The service includes portable dental units, also a dental director in every health unit in the province.

Public Relations Committee Questionnaire

3. — VOCATIONAL GUIDANCE 4. — UNFAVOURABLE TRENDS

Newfoundland	An individual effort between dentist and those seeking advice.	no comment
Prince Edward Island	None at present.	none
Nova Scotia	Halifax Dental Soc. granting yearly prize to best career book on subject "Dentistry as a career".	none
New Brunswick	Counselling service to people considering dentistry as a career. New vocational guidance project under consideration by society.	none
Québec	No comment.	No comment.
Ontario	RCDS and Dental Alumni have appointed counsellors at secondary schools. Schools have copies of "Dentistry as a Career".	No comment.
Manitoba	High schools of Winnipeg had "Dentistry in Career Day". This service supplied by Manitoba Dental Association for several years.	Winnipeg City Council seems hesitant re Dental Program.
Saskatchewan	When called upon Kiwanis and Rotary in Province, through their appropriate com. contact the dentist classified in their club for individual counsellor service as to dentistry for a career.	None noted.
Alberta	Alberta Dental Association provided dentists as counsellors.	Minister of Municipal affairs suggested professions were limiting no. of registrations thus creating closed shop ideas.
British Columbia	"Dentistry as a Career" booklet to principals of High Schools and at U.B.C.	C.C.F. and "bootleg labs" tried to place profession in unfavourable light.

5. — TOPICS FOR P.R. PRESS RELEASES 6. — OTHER SUGGESTIONS

Newfoundland	No comment.	No comment.
Prince Edward Island	No suggestions.	No suggestions.
Nova Scotia	Prevention of dental diseases.	No comment.
New Brunswick	Presentation on economics, pointing out that all costs are increasing, including dental fees.	Prov. presidents should visit smaller centres once a year to encourage organizations and discuss local and CDA problems.
Québec	No comment.	Public relations sub-committees on prov. level to be coordinated with CDA committee.
Ontario	No suggestions — satisfactory job.	Continued distribution of dental public health literature. Expansion of teaching facilities.
Manitoba	None	None.
Saskatchewan	Continued pressure be maintained emphasizing importance of prevention in the program of dental health.	Sask. has established four health regions with a program of prepaid dentistry for younger age group. Program due to shortness of staff almost entirely of tr. nature and endeavour being made for more comprehensive preventive program.
Alberta	Oral Health; Preventive Dentistry; The Mechanism of Dental Caries.	Censoring by P.R. of scientific dental material before publication by dental profs., etc. (i.e. Pr. Rel. of Foci of Infection June 1951 A.D.A.) For mass educational media-short dental films to be shown in theatres and to H. and S. Associations.
British Columbia	The inadvisability of public dealing directly with dental labs. The importance of dentistry as a health service.	

SUMMARY OF ACTIVITIES DENTAL DIVISION FEDERAL DEPARTMENT OF HEALTH

1. A Dental Health Manual for the use of those engaged in teaching dental health has been published. It was prepared chiefly for the use of public health nurses and teachers. It is not intended for direct distribution to the public.
2. The first interim report on the Brantford-Sarnia-Stratford Water Fluoridation Caries Study was published.
3. During the year, a pilot model of a Dental Preventive Service for adults, using the services of a dental hygienist, was set up in Ottawa.
4. A study of the prevalence of gingivitis among school children was undertaken in cooperation with the Dental Division of the Ontario Department of Health (Dr. F. A. Kohli) and with the consultive aid of a member of the Faculty of Dentistry of the University of Toronto (Dr. John Macdonald). 3600 children were examined, using Schour and Massler's P-M-A Index. About 1400 more will be examined this fall. This work is done in conjunction with the Brantford-Sarnia-Stratford Water Fluoridation Caries Study. The cost is shared between the Ontario Dental Division and the Dental Health Division of the Department of National Health and Welfare, with the examinations being done by Dr. Kohli.
5. A dental health exhibit was prepared for use at the C.D.A. Convention, the Western Canada Dental Society Convention and the Maritime Dental Society Convention.
6. Two new dental health folders were produced:
 - (a) Ten Little People and Their Teeth
 - (b) Good Habits for Good Teeth.
7. Two new dental health posters were produced.

Consultive services which it would serve no useful purpose to enumerate here, were provided for the various divisions of the Department of National Health and Welfare.

COMMENT AND RECOMMENDATIONS

It is our unanimous wish that appreciation be extended to the Chairman and members of the Public Relations Committee for their excellent report and for the intensive and fruitful effort that has gone into their year's activities.

We agree with the resolution of the Executive Committee and recommend that a planned Public Relations program be implemented at the earliest possible date.

We agree with the content of para. 49 and recommend that in harmony with the proposed planned public relations program a manual on public relations be prepared and sent to each dentist in Canada.

APPROVED

MEMBERS OF THE COMMITTEE ON ETHICS: J. D. McLEAN, Chairman, Edmonton, Alta.; O. L. OATWAY, Red Deer, Alta.; S. C. HODGSON, Edmonton, Alta.; J. P. WHYTE, Swift Current, Sask.; H. N. B. BEACH, Ottawa, Ont.

REPORT

1. During the past year, your Committee on Ethics has continued the investigations outlined in the report of 1950.
2. We present for your serious consideration in Appendix A., a further revision of the proposed booklet, "A Guide to Professional Conduct". The Committee attempted to obtain the opinion of the various provincial associations with the contents of this presentation before this meeting, but there was such a variation in the times of meeting of these groups it was not possible to do so.
3. The Committee recommends that the following material entitled, "A Guide to Professional Conduct" be published in booklet form by the Association, and distributed to:
 - (i) all present members of the Association.
 - (ii) all new members of the Association.
 - (iii) lectures in Ethics of all Canadian Dental Schools, upon request (for possible distribution to their students).
4. With respect to persons referred to in paragraph 3 (ii), the suggestion is made that a letter from the President welcoming new members and outlining the aims and policy of the Association might accompany the booklet. This might help to broaden the appreciation of the aims, work, and importance of the Association.
5. For the information of those outside the profession of dentistry in Canada, perhaps it would be possible to have the subject matter of the pamphlet published in the Journal with the approval of the Executive.
6. During the past year, your Committee has received reports of seeming infractions of the Code of Ethics. In as much as it is not within the defined duties of this Committee no official action in these matters was taken. We would recommend, however, that all of the provincial dental bodies be approached with a request to provide the Committee with information regarding infractions of their individual Codes of Ethics in their area. The Committee could study the problems presented with a view to the possible prevention of similar infractions in the future. The results of these studies might be of assistance, and could be made available to teachers in Dental Schools.

APPENDIX A

A GUIDE TO PROFESSIONAL CONDUCT

- I The basic requisites of a profession have been established as "education

ETHICS

beyond the usual level, the primary duty of service to the public, and the right to self-government”.

II “A profession to be respected by others must first be respected by its own members. Dentistry will only be improved in position by dentists, and the public will never demand that dentistry should occupy a more elevated professional status than that set by the dentists themselves.”

III That the members of the dental profession may find direction in order to examine their attitudes and actions, so that they may continue to enjoy the support of those whom it is their privilege to serve, this manifesto is presented. It is not intended to serve as a set of rules and regulations as to professional conduct, for that function is more properly within the sphere of the individual dental bodies. The purpose of this manual is rather, to serve as a guide to professional conduct which will bring credit and respect to the profession of Dentistry in Canada.

IV No better precept can be formulated to govern a person in all of his relationships as a professional man than the Golden Rule, “As ye would that men should do to you, do you even so to them”.

V. Obligations to Patients

(a) The high calling of dentistry carries a moral obligation to render service. The dentist should be ever ready to respond to the reasonable wants of his patients, fulfilling these to the highest degree within the limits of his skill and knowledge whether it require the simplest or most complex attentions. He should endeavour to render the same quality of service that he would wish for himself or his family from another dentist.

(b) Every patient is entitled to adequate examination. It is the duty of every dentist to impart such knowledge to his patients as may be deemed desirable to a fuller understanding of their needs and care. Inasmuch as a patient is rarely competent to judge his own requirements, the dentist should honestly and sincerely advise the proper course of treatment. He should kindly but firmly insist upon doing only those things which his professional knowledge dictates to be in the best interest of his patients' welfare.

(c) No person engaged in the profession of dentistry can expect to be expertly informed in all phases of diagnosis and treatment. In instances of doubt there should be no hesitation in seeking the advice of professional brethren, either general practitioner or specialist, by the referral of patients for diagnosis or treatment. In such instances it is desirable for the two dentists to confer before comment to the patient, so that a concerted plan may be presented.

(d) It is the duty of every dentist to refresh and enlarge upon the knowledge and skill of his science and art, so that he may be ever ready to give his patients the best possible treatment which circumstances permit. To this end he should avail himself of all possible developments in the profession

which may be derived from professional publications, clinics, conventions, and refresher courses.

(e) It should be a point of honour for members of the profession to adhere to established standards of ethical practice as varying conditions permit. The practice of "fee-splitting" is to be condemned as beneath the honour of the profession.

(f) Information of a personal nature which may be learned of, or from a patient in the practice of dentistry should be kept in utmost confidence.

(g) It is the obligation of every dentist, both to himself and to his patients, that he be temperate in all things, that at all times the health of his mind and body may be at their best so that his patients may have the benefits of the clearness of judgment and skill which they have a right to expect.

VI. Obligations to the Profession at Large

(a) Every member of the dental profession is bound as such to maintain the honour and integrity of the profession, and his conduct in all things should be such as to bring credit to himself and his confreres.

(b) Every dentist should give his whole-hearted moral and physical support to the advancement of his profession through his local, provincial and dominion societies, to the mutual benefit of all concerned.

(c) Every dentist should show his appreciation and respect to his teachers, and to those who have contributed in the past to the knowledge and art of the profession by presenting without thought of personal gain such advancements in his science and art which may be of mutual benefit to the profession and the general public.

VII. Obligations to Professional Confreres

(a) In his relationships with his colleagues, every dentist should behave in such fashion as he would to a brother, doing and saying only things which he would appreciate from others.

(b) It is most unethical for any dentist to pass comment in judgment of the qualifications and procedures rendered by his confreres, except as such comment shall be to the mutual benefit of all concerned.

(c) In the instance of patients referred for consultation or emergent treatment, the dentist to whom they have been referred should be most cautious in his relationship to such patient, and render only such comment and treatment as has been specifically requested by the original dentist.

(d) In presenting himself to the public a dentist should do only those things which will present him as an equal of his professional brethren, except as he may be duly qualified to practice as a specialist in his province. Hence, all forms of notices which may be construed as advertising should be avoided except:

ETHICS

1. the use of such sign which in its size, character, wording, and position may reasonably be required to indicate the entrance and location of the premises in which his practice is performed.
2. the use of professional cards indicating only his name, degree, office address, and telephone.
3. the use of accounts and receipts.
4. the use of appointment cards and recall notices.
5. the use of announcements of the commencement of practice, change of location, or restriction of practice.
6. the use of telephone listings in the white pages of the directory to show profession, office, and home addresses, in standard lettering. In the yellow pages of the directory, the listings should be in standard small lettering only.

VIII. Obligations to the Public in General

(a) The subject of professional ethics deals equally with individual relationships with the public, with professional confreres, and with the profession at large. Too many men feel that there is one set of moral standards to be used in relation to colleagues, and an entirely different set of values in the matter of public relations.

(b) In his relationship to the public every dentist should realize the preventive as the restorative aspects of his profession and should seize such opportunity as may be presented to educate the public in the aims and desires of our profession, that the general dental health of all may be bettered. Such presentations must have the approval of the profession in accordance with accepted principles at that time.

(c) Because of the advantages of his education and his singular relationship to the public, in that unlike most professional men he is dealing daily with people in their state of normal good health and emotional stability, the dentist has an opportunity to study and appreciate the interests and problems of a large cross-section of the population, and therefore should make it his duty to take an active interest in the affairs of his community.

COMMENT AND RECOMMENDATIONS

We greatly commend at this moment, the members of the Committee on Ethics and their active young Chairman for the wonderful work done during the last years and for the presentation with this report of a proposed booklet on Ethics.

We recommend that the proposed booklet "A Guide to Professional Conduct" appearing in this report as Appendix "A" be referred to the Executive Committee for appropriate action.

We recommend the adoption of the report as amended.

APPROVED

MEMBERS OF THE HOSPITAL DENTAL SERVICES COMMITTEE: D. M. TANNER, Chairman, Toronto, Ont.; W. S. MADILL, Toronto, Ont.; E. C. VEITCH, Toronto, Ont.; HAMILTON SIMMONS, Vancouver, B.C.; T. I. GUILBORD, Montreal, P.Q.; G. A. BUCHANAN, Winnipeg, Man.; J. M. CHAMARD, Montreal, P.Q.; JOHN CLAY, Calgary, Alta.; G. de MONTIGNY, Montreal, P.Q.

REPORT

It is my pleasure to present the following report:

1. The Hospital Dental Services Committee has studied and made a recommendations in respect to:

- (a) The Report on the Report of the Council on Dental Education regarding "Internships", C.D.A. meeting 1950. Recommendations were forwarded to the Council on Dental Education.
- (b) "Lectures in Dentistry for Nurses in Training" was prepared and is attached as Appendix A.*

2. The Chairman appeared by invitation before the Canadian Hospital Council Biennial Meeting on May 29, 1951. Our plans for the standardization of hospital dental services were presented to the meeting. No positive action was taken but since the American Dental Association evaluated hospital dental services in the United States, it was likely that the Canadian Dental Association will adopt a similar pattern in Canada. Application forms for the approval of hospital dental services and internships are attached as Appendices B. and C. respectively.

3. Recommendations:

That appendices A., B., and C. be approved.

4. The Committee feels that during the past few years the ground work has been laid for the improvement of hospital dental services; that the time has now come to put into effect the work done by the Committee. This will require an educational program directed to hospital administrators, hospital dentists, dental faculties, and undergraduate students — this is our program for next year.

*This Appendix does not appear in these transactions but will be published separately and available to any member by request.

APPLICATION FOR APPROVAL OF A HOSPITAL DENTAL SERVICE
BY
THE CANADIAN DENTAL ASSOCIATION

1. Name of Institution in full Year established
Street and No. City Zone Prov.

2. List names of affiliated hospitals (if any)
.....

3. Supt. or Admin. Head
(name, with proper title as M.D., D.D.S., R.N.,
Mr., Mrs., Miss, Sister, Rev., etc.)

4. A. Check types of patients admitted B. Check type of organization own-
ing or controlling hospital.

- | | | |
|----------------|--------------------|-------------------------------------|
| Children | Surgical | 1. Governmental |
| Chronic | Cancer | Federal |
| Conv. and rest | Tuberculosis | Provincial |
| Dermatologic | Venereal | County |
| E.N.T. Eye | Epileptic | City |
| Industrial | Alcoholic Drug | City-County |
| Orthopedic | Mentally Deficient | |
| Dental | Neurologic | 2. Non-Profit Organization |
| Isolation | Urologic | Church related |
| Medical | Others | Corporation not for profit |
| Maternity | | Other non-profit organiza-
tions |

5. Is your hospital approved by the Canadian Medical Association.
6. (1) Total beds
(2) Total patients admitted last fiscal year (exclude newborn and
outpatients)
(3) Average daily census of patients in hospital
7. Does hospital maintain an out-patient department. Yes
No
8. Total number of out-patients treated annually in all departments
9. Total number of out-patients treated annually in the dental clinic

HOSPITAL DENTAL SERVICES

10. (1) What dental services are given to out-patients
.....
(2) What dental services are given to in-patients
.....
11. Total number interns (exclude dental interns) Dental interns
..... Dental residents Assistant dental residents
Dental house men
12. Give title of the individual responsible for the Hospital Dental Service
.....
13. Is the Department of Dentistry organized under the direction of a dentist
.....
14. Are all dentists privileged to practice in the hospital organized as a definite group or staff
15. Does your dental staff hold regular meetings How often
Average attendance
16. Does the Dental Staff attend hospital staff meetings
17. What is your procedure for the training of Junior Dental Staff Members
.....
.....
18. Do your requirements for appointment to the dental staff meet the requirements of the Hospital Dental Service Committee (Page 3, Basic Standards for Dental Services in Approved Hospitals)
19. Do you employ dental hygienists How many
20. Please supply information on all dental personnel.

HOSPITAL DENTAL SERVICES

Name	Degree	Title or Rank in hospital	Av. hrs. per week in hospital	Year of appoint't.

21. Physical Equipment:

- (1) How much floor space is allotted to the dental clinic
- (2) Number of dental chairs Number of dental units
- (3) Number of dental X-ray machines in the dental clinic
- (4) In hospital X-ray department
- (5) How many hours does dental clinic operate per week
- (6) How many beds are assigned to the dental department
- (7) What provision is made for emergency dental service after clinic hours
- (8) Are operating room privileges extended to members of the dental staff

22. (1) Do members of the dental staff lecture to student nurses
- (2) How many hours per year
- (3) How many hours per year does each student nurse spend in the dental clinic

23. How many dental books are available in your hospital library
- To how many dental periodicals does your library subscribe

HOSPITAL DENTAL SERVICES

24. Enclose and mail with application form:
- (1) A copy of rules for the Department of Dentistry of your hospital.
 - (2) A copy of dental record forms of your hospital.
 - (3) A copy of your dental department formulary.

Date

I hereby make application for approval of the Department of Dentistry in

.....
Name of Hospital or Medical Center

Located: Street and No. City Zone

Prov. in accordance with the principles, as set up in the Basic Standards of Hospital Dental Services of the Canadian Dental Association.

Signed:

Name Title

Director or Supt. of the Hospital

Name Title

Chief of Dental Staff

After completion of the above form, mail to:

Canadian Dental Association,
234 St. George Street,
Toronto,
Ontario.

DO NOT WRITE ON THIS PAGE

To be filled in by the Canadian Dental Association

- A. 1. Application received, date
2. Copy of rules for the Department of Dentistry received, date
3. Copy of dental record forms received, date Total
Number List:
.....
.....

HOSPITAL DENTAL SERVICES

4. Copy of dental department formulary received, date

B. 1. Hospital Dental Department examined, date by

2. Approved Date

.....

.....

Not approved

.....

.....

C. Action Taken.

Date

D. Remarks:

CANADIAN DENTAL ASSOCIATION
234 St. George Street
Toronto, Ontario

APPLICATION FOR APPROVAL OF DENTAL INTERNSHIPS

Name of institution in full

Year established

Address

Superintendent or administrative head

Chief of dental staff

(Please attach to this application a complete list of your dental staff with addresses).

Type of patients admitted. Indicate by check mark.

Children.....	Industrial.....	Surgical.....	Alcoholic.....
Chronic.....	Orthopedic.....	Cancer.....	Drug Addicts.....
Conv. and rest.....	Isolation.....	Tuberculosis.....	Mental.....
Dermatologic.....	Medical.....	Venereal.....	Neurologic.....
E.N.T. eye.....	Maternity.....	Epileptic.....	Dental.....

HOSPITAL DENTAL SERVICES

Type of organization owning or controlling hospital. Indicate by check mark.

Governmental

Federal

Provincial

County.....

City.....

City-County.....

Non-profit Organizations

Church related

Corporation not for profit

Other non-profit organizations.....

Give figures for latest 12 months' period available.

Total beds

Total patients admitted Average daily census of patients in hospital (Exclude newborn and outpatients)

Total outpatients treated in all departments In dental Department

1. Does hospital maintain an outpatient dental department? Yes
No
2. What dental records are kept?
(Please send copies of your dental records with this application).
3. Number of general staff conferences during year Average attendance
4. Does dental staff attend? Average attendance
5. Number of dental staff conferences per year Average attendance
6. Do you have an established training program for dental interns? (Please attach copy of your training program to this application)
7. Do you have a teaching relationship with a dental school?
(Please attach to this application a list of your dental staff members who hold teaching appointments in the dental school, medical school, and school of nursing and indicate their academic rank.)
8. Do you have a dental staff qualified to teach?
9. How many hours per week do the various dental staff members devote to teaching?
10. Is your department of dentistry approved by the Canadian Dental Association? Yes No
11. Is your hospital approved by the Canadian Medical Association?

HOSPITAL DENTAL SERVICES

12. What dental physical facilities are available?
13. What dental services are performed for:
- (a) Inpatients?
- (b) Outpatients?
14. Do dental interns make regular ward rounds with:
- (a) Dental staff? Yes No How often?
- (b) Medical staff? Yes No How often?
15. Do dental interns participate in staff meetings? Yes
No
16. Do dental interns receive any training in:
- | | Yes | No | How much? |
|----------------------------------|-------|-------|-----------|
| (a) Department of radiology? | | | |
| (b) Department of anaesthesia? | | | |
| (c) Department of pathology? | | | |
| (d) Department of E.N.T. and E.? | | | |
| (e) Tumour clinic? | | | |
| (f) Any other departments? | | | |
17. Do your dental interns receive a certificate of training? Yes
No
18. Number of dental interns normally provided for
Number now serving
19. Do you have any vacancies for dental interns now?
How many? When?
20. Will you have any vacancies for dental interns next year?
How many? When?
21. Stipend per month ?..... Honorarium ?.....

SIGNED

TITLE

DATE

COMMENT AND RECOMMENDATIONS

We highly commend Dr. Tanner and his Committee for their sincere efforts and the splendid report on the year's activities.

We heartily approve of the efforts on the part of the Hospital Dental Services Committee in trying to standardize hospital dental services and suggest that the evaluation of these services by the C.D.A., through the Committee on Hospital Dental Services be continued as soon as possible.

Paragraph 4 of the report.—We concur in the educational program suggested for the coming year.

We further suggest that it would be of value to conduct a survey regarding the dental services available in Canadian hospitals at the present time.

With the above suggestions this committee recommends the adoption of the report of the Hospital Dental Services Committee.

APPROVED

LEGISLATION

MEMBERS OF THE COMMITTEE ON LEGISLATION: C. W. SHERIDAN, Chairman, Ottawa, Ont.; JAMES COUPLAND, Ottawa, Ont.; L. E. MacLACHLIN, Ottawa, Ont.

REPORT

1. According to the Canadian Press clipping service there have been more news items and space in newspapers given to dental matters this past year than ever before. This is indicative of the increased interest the public is taking in matters of health and especially of items relating to the legislation concerning it. The provinces concerned in order of frequency of news items were — British Columbia, Alberta, and Ontario.

2. The provincial registrars were very cooperative in explaining in detail contentious matters arising in their own fields. This was exceedingly helpful, as it is sometimes difficult to arrive at conclusions on matters of this kind merely by reading the printed amendments or newspaper items.

3. Newfoundland

Newfoundland members of the dental profession are having difficulty establishing their status with the government. The Dental Board wishes to have a new Dental Act prepared, establishing its authority in respect to administration and welfare of the profession, and all matters which interest or affect it. This Board suggests that the establishment of a National Examining Board would greatly strengthen its position with the government.

4. Prince Edward Island

Prince Edward Island has nothing to report this year in regard to new legislation.

5. Nova Scotia

Rules and regulations pertaining to Dental Hygienists have this year been completed and approved by the Governor-in-Council. The Act had been amended a year ago, providing for the Dental Hygienists body.

6. New Brunswick

Though anticipating some changes in the Provincial Dental Act, the Council is awaiting its opportunity until such time as the new Director of Dental Health is well established in the Department. The New Brunswick Council is very much in favour of the creation of the National Examining Board.

7. Québec

a. The Quebec Dental Act with its most recent amendments, assented to March 29, 1950, seems to be very complete in every respect. The good name of the profession is well protected. High qualifications are demanded of those

who would aspire to be admitted to the practice of dentistry. Heavier penalties than those obtained in any other province may be imposed on any who would scheme to practise dentistry illegally. These penalties have not, however, been entirely successful in eliminating this dangerous and illicit practice.

b. The College of Quebec favours the establishment of a National Examining Board.

8. Ontario

The Dentistry Act of Ontario now stands amended to allow the practice of an ancillary body of practitioners known as "dental hygienists of Ontario". By-laws No. 76 and 77 govern the regulations for dental hygienists and the duties of members of the College in respect to dental hygienists. After much discussion and delay these by-laws were passed by Order-in-Council on April 23, 1951.

9. Manitoba

Regulations for the control and employment of Dental Hygienists have been submitted to the Department of Health for approval. After more than twelve months of negotiations this approval has not as yet been received.

10. Saskatchewan

A copy of "The Dental Profession Act" of Saskatchewan, just off the press May 1951, has been received. It incorporates amendments to date and includes the By-laws of the College of Dental Surgeons of Saskatchewan. These by-laws contain the rules and regulations governing the practice of Dental Hygienists which have been accepted by Order-in-Council.

11. Alberta

a. Legislation governing all professions, and our profession in particular, received a great deal of attention this past year in Alberta. The suggestion that the government should take over the licensing of all professions received a great deal of front page publicity in the press from coast to coast. It is thought that this was aimed primarily at the legal profession and as a result it led the attack which finally resulted in having this matter withdrawn. While the government apparently had no ulterior motives in view, the principle would have been established. The professions were to have been left with full autonomy, but there was no guarantee that some future government might not carry the matter further and extend licensing to include control.

b. Another suggestion made to the government was that dental mechanics be granted the right to make full dentures for the public. Influential representations against the idea were made by members of our profession with the result that the minister says he never wants to hear the subject mentioned again.

c. *Examining Rights.* All professions in Alberta now have delegated examining rights for entrance to their bodies to the University. This practice

LEGISLATION

has worked out well for Dentistry for a good many years. It was considered that the University had the necessary machinery and experienced examiners for handling this matter.

d. *Academic qualifications* required to enter the profession after having graduated from a Dental School other than the University of Alberta were altered as follows: a graduate of reputable Canadian or American schools would not be required to write further examinations provided his training was the equivalent of that demanded for graduation from the University of Alberta.

12. British Columbia

a. According to amendments enacted in 1951 the Council of British Columbia has the right to appoint or withdraw representatives upon any National Examining Board in Canada. It also now has the power to provide for the establishment and control of an ancillary body known as "dental hygienists".

b. Another proposed amendment had to be withdrawn after certain political factions objected to its passage. This item dealt with the prescription method of dealing with dental technicians. It also provided for penalties for the illegal practice of dentistry.

c. Newspapers of the province showed little sympathy with the dental profession in their attempt to protect their field of endeavours, and the public in general, from the inroads of unskilled technicians in the practice of dentistry. Probably there is need here to call in our Director of Public Relations.

COMMENT

We wish first to express appreciation to Dr. Sheridan and the members of his Committee for their comprehensive report and their painstaking review of all press clippings and legislation of the ten Canadian provinces.

The increased clippings on matters relating to dentistry is noted with interest.

The Committee on Legislation wishes to thank the Provincial Registrars for their cooperation.

The difficulties in getting their status established in Newfoundland is noted.

It is regretted that Manitoba is unable to have their Regulations passed in reference to Dental Hygienists.

We wish to draw to the attention of all the seriousness of the situation in Alberta.

The difficulties of the Province of British Columbia were noted and the committee hopes that some action is taken by the Board of Governors to better "Public Relations".

We recommend the adoption of this report.

APPROVED

MEMBERS OF THE PROGRAMME COMMITTEE: W. H. PRITCHARD, Chairman, Ottawa, Ont.; WM. BRYCE, Ottawa, Ont.; A. A. CAMERON, Ottawa, Ont.; G. W. BARRETT, Ottawa, Ont.; E. S. MACARTNEY, Ottawa, Ont.; W. S. FLORA, Ottawa, Ont.; C. W. SHERIDAN, Ottawa, Ont.; C. E. WOODS, Ottawa, Ont.; L. R. BRADEN, Ottawa, Ont.; AIME COUTURE, Ottawa, Ont.; B. DIXON, Ottawa, Ont.; H. E. ARMSTRONG, Ottawa, Ont.; J. F. FRENCH, Ottawa, Ont.; A. W. GRACE, Ottawa, Ont.; W. L. BARNABE, Ottawa, Ont.; J. A. GAUTHIER, Ottawa, Ont.; J. P. COUPLAND, Ottawa, Ont.; L. E. MacLACHLAN, Ottawa, Ont.; P. A. COTE, Ottawa, Ont.; T. A. PROVOST, Ottawa, Ont.; H. N. BEACH, Ottawa, Ont.

REPORT

1. The Joint Convention Committee meeting as planned by the C.D.A. and the E.O.D.A. to be held in the Chateau Laurier, Ottawa, September 23rd - 26th, has been finalized. The report follows.
2. The program developed on the basis of "Prevention" last year has been followed up with the theme of "Dentistry for children" and "Operative Dentistry", although all fields will be covered. The slogan "The National Meeting in the National Capital" seems most appropriate.
3. The Committee has been fortunate in that we have had no cancellations of clinicians or essayists whose presentations and material will cater to the needs of the general practitioner.
4. The following is a complete list of the Essayists and Group Clinicians as contained in the tentative program — with one change. It had been intended to have Dr. J. Coupland at 2.30 on Wednesday with Dr. C. H. M. Williams at 3.30 on Tuesday. Through an error in arrangement it appeared the other way around.

5. Program

Sunday, Sept. 23rd — All Day Registration.

A.M. — Golf.

P.M. — 8.45 — Evening Musicale.

Monday, Sept. 24th

A.M. — 9.30 - 12 noon. Registration. Table Clinics.

P.M. — 12.30 — Luncheon. Dentists and Wives.

Speaker — The Rt. Hon. Louis St-Laurent,
Prime Minister.

2.30 — C.D.A. Business Meeting and President's Address.

3.00 — Dr. Summer Pallardy, Professor of Prosthetic Dentistry,
Temple University, Philadelphia.

Subject — Simplicity in Full Denture Construction.

4.00 — The George W. Grieve Memorial Lecture by
Dr. G. Franklin, Montreal.

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5.00 — Visit to Parliament Hill.

7.00 — Hospitality Night.

Tuesday, Sept. 25th

A.M. — 9.30 - 10.30 — Group Clinics.

10.45 - 11.45 — Group Clinics.

Group Clinicians:

1. Dr. Summer Pallardy, Philadelphia.
Subject — Some Aspects of Full Denture Construction.
2. Dr. Orville Coomer, Louisville, Kentucky.
Subject — Hydrocolloid Impressions for Fixed Bridge Work.
3. Dr. C. H. M. Williams, Toronto.
Subject — Pocket Therapy.
4. Dr. Stewart A. MacGregor, Assistant Professor in Pedodontics, University of Toronto.
Subject — Dentistry for Children, Past, Present, and Future.
5. Dr. W. J. Ross, Assisted by Dr. R. G. Hemmerick, Kitchener.
Subject — Ideas and Techniques which have been found helpful in 20 years of General Practice.
6. Dr. Vincent Tremblay, Department of Operative Dentistry, University of Montreal.
Subject — Practical Hints on Root Canal Therapy.
7. Dr. D. C. Gordon, assisted by Dr. R. T. Lamb, Department of Operative Dentistry, McGill University.
Subject — Inlay Principles and Practical Applications.
8. Major S. K. Oldfield, Ottawa, Royal Canadian Dental Corps.
Subject — Amalgam Restorations with Emphasis on Matrix Application.

Noon — Dine where you wish.

P.M. — 2.30 — Dr. Orville Coomer, Louisville, Kentucky.

Subject — The Latest Developments in Hydrocolloid Technique for Inlays and Fixed Bridges.

3.30 — Dr. C. H. M. Williams, Associate Professor of Periodontics, University of Toronto.

Subject — The Present Status in the Prevention of Dental Diseases.

4.30 — E.O.D.A. — Annual Business Meeting.

6.30 — Cocktail Party — by the Ottawa Dental Society in the Drawing Room.

7.00 — President's Reception and Dinner Dance
(Strictly Informal)

Wednesday, Sept. 26th

A.M. — 9.30 - 10.30 — Repeat Group Clinics.

10.45 - 11.45 — Repeat Group Clinics.

Noon — Luncheon.

Speaker — Mr. Gordon Graydon, M.P.

Subject — United Nations Today.

P.M. — 2.30 — Dr. James P. Coupland, Ottawa.

Subject — Review of the Developments which have
Influenced the Course of Oral Surgery.

3.30 — Dr. LeRoy Ennis, Philadelphia, Professor of
Roentgenology, University of Pennsylvania.

Subject — Diagnosis and X-Ray Interpretation.

6. The Luncheon Speakers, Rt. Hon. Louis St-Laurent and the Hon. Gordon Graydon, as far as we know will be on hand.

7. Program for Ladies

Sept. 23, Sunday evening (Musical — Chateau Laurier)

Sept. 24, Monday noon (Joint luncheon with men)

6.30 p.m. Ladies' dinner in Banquet Hall of
Chateau Laurier
Guest Speaker — Controller Charlotte
Whitton

Sept. 25, Tuesday afternoon Sight-seeing tour of the city for out-of-
town ladies

Evening (President's dinner and dance in Ball
Room of Chateau Laurier)

Sept. 26, Wednesday noon Luncheon in Fountain Room of The
Seignory Club at Montebello.
Transportation by bus from Chateau —
details later.

The following is a report of various Committee Chairmen:

8. Art

Dr. A. Grace has approximately 45 to 50 Exhibits to date. If everything goes as planned, we are sure the Exhibits will be interesting and popular.

9. Dance

Dr. Wm. Bryce reports that arrangements for the dance are well in hand. Len Hopkins 12 piece dance band from the Chateau Grill will provide the Music. There will be suitable entertainment. At 6.30 previous to the dance The Ottawa Dental Society will entertain, at a cocktail party in the Drawing Room.

10. General Arrangements

Dr. E. Macartney states that: a. The Essayists, Group Clinicians and Table Clinics are all arranged, their requirements obtained, and provision

PROGRAMME

made for them. b. The Exhibits—39 signed contracts for \$3900. with 284 feet sold to date.

11. Golf

Dr. L. Barnabe has secured the Chaudière Golf Club for the occasion. Prizes and cups supplied by C.D.A. for competition will be presented following play.

12. Hosts

Dr. T. Provost reported that his committee will be ready to function when required.

13. Ladies

Mrs. R. P. Lowery and Mrs. E. Macartney will act as co-chairwomen in carrying out the program stated above.

14. Luncheon Arrangements

Dr. G. Barrett reports that menus have been chosen and a price of \$2.25 set for each of two luncheons, Monday and Wednesday.

15. Program Printed

Dr. Charles Woods: It was moved and seconded at our last Convention Committee meeting that if it meets with the approval of the C.D.A. Executive that the programme be made an integral part of the "Yes, we've been to Ottawa" booklet. When we hear from them a decision will be made and action taken.

16. Publicity

Dr. Paul Côté reported in Publicity to date and all agreed that the Convention has been well advertised. Press and Radio releases will be made at the most suitable moments.

17. Reception

Dr. James Coupland has plans made to extend a warm and gracious welcome to our visitors in which we hope all E.O.D.A. members will do their part. He also hopes that each Member of the Board of Governors will assist in meeting and introducing dentists from his district (as far as possible). Each year of Graduation will attempt to meet the members of its respective class and entertain them on Monday evening. In this connection 2T3 have set up a local committee with Dr. Wm. Myles as chairman, to arrange a dinner in the Tudor Room for not only "Whizz Bangers" but 2T3 graduates of all Dental Schools in Canada.

18. Registration

Dr. Wes Sheridan and Dr. G. Cameron report all arrangements have been

PROGRAMME

carefully made with approximately 130 registrations to date. They urge all who possibly can to *register* on *Sunday*—especially local members.

19. Reservations and Housing

Dr. L. Braden is working with the registration committee with regards choice of rooms, etc., and reports that accommodation appears adequate.

20. Sunday Evening Musicale

Dr. W. Flora—An outstanding programme is being arranged, with the following talent:

Tudor Singers in costume

Two Piano Team) Gertrude Lennie Tanton
) Marg. Lansdown Ross

Soprano—Gwen Smart.

21. Transportation

Dr. Jack Gauthier has plans and estimates for buses for sight seeing Tuesday afternoon and to the Seignory Club Wednesday, and any other arrangements deemed essential to assist our visitors.

22. Visual Education

Dr. A. Couture has arranged for films of an Educational and Recreational nature to be shown daily in the Ladies Cafe.

23. The Ottawa Dental Nurses Association

The Ottawa Dental Nurses Association under the conventionship of Miss Rita Larocque, President of the Ontario Dental Nurses Association are arranging a programme for all Dental Nurses and Assistants. They are assisting us in our Registration and table clinics. In return the Convention Committee have invited them to the Musicale, the table clinics, Visual Education Programme and to hear any Essayists whose subjects might be of interest to them.

24. The R.C.D.C. School will be open to inspection all during the Convention.

25. *Suggestions to Board of Governors* who will shortly receive a copy of the report. "*Boost Attendance*" by contacting personally as many as you can in your own area. Attendance is what counts. The Budget estimates prepared one year ago are not adequate in some respects—due to rising costs. If we have 350 or over in attendance we should break about even.

COMMENT

The program arranged for this Convention has been perused very carefully and we feel that Dr. Pritchard and his Committee are to be heartily con-

PROGRAMME

gratulated upon the program provided. Certain changes have been made since this Report was drawn up, which appear in the printed program.

We are not prepared at present to suggest any major changes in the set-up of the program.

We do deplore the attendance at our National Conventions and would suggest that the C.D.A. contact the various provincial boards some months in advance of each convention to see if something can be done locally to stir up interest and increase attendance at our conventions.

We recommend the adoption of this report.

APPROVED

RESOLUTION

The following resolution was referred to the Reference Committee on the Report of the Programme Committee:

RESOLUTION FORWARDED BY REGISTRAR OF COLLEGE OF DENTAL SURGEONS OF BRITISH COLUMBIA

At the June 21st, 1951 meeting of the 1952 Joint Convention Committee, the following resolution was passed:

RESOLUTION: It is our opinion that no remuneration in the form of an honorarium or expense allowance be paid by the Convention Committee to a member of the Canadian Dental Association for an appearance on the program of the national meeting. Therefore, be it resolved that we recommend that this be the future policy of the Canadian Dental Association.

1952 Joint Convention Committee
per Charles M. Whitworth, Secty.

The Reference Committee reported as follows:

We favour the adoption of the Resolution forwarded by the Registrar of the College of Dental Surgeons of British Columbia relative to honorariums or expense allowances paid to members of the Canadian Dental Association for appearance on the program of the national meeting.

After discussion the resolution was defeated by a vote of 9 to 1 with 4 abstaining from voting.

MEMBERS OF DENTAL SERVICES COMMITTEE: L. V. JANES, Chairman, Hamilton, Ont.; G. L. CAMERON, Ottawa, Ont.; C. W. SHERIDAN, Ottawa, Ont.; R. C. McLAUGHLIN, Paris, Ont.; Ex-officio Members: E. M. WANSBROUGH, Ottawa, Ont.; H. K. BROWN, Ottawa, Ont.; L. A. KILBURN, Ottawa, Ont.

REPORT

1. This report covers the Canadian Dental Association year 1950-51 during which time one meeting of the Dental Services Committee was held in Ottawa on February 26th, 1951, with the officers of the Department of Veterans Affairs.

2. At the meeting of the Board of Governors, May 12th, 1950, the above personnel were appointed to the Committee.

3. It is with profound regret that we record the loss of one of our members, Dr. J. K. Carver, during the year.

4. Revised Fee Schedule—D.V.A. Dental Services—Appendix A.

a. During recent months negotiations have been taking place between the Department of Veterans Affairs and the Dental Services Committee, Canadian Dental Association, directed toward a revision of the D.V.A. fee schedule.

b. In January last fee schedules were collected from areas all across Canada. These fee schedules were then averaged on a provincial basis. Effort was made to have these schedules represent, as accurately as possible, current fees being used in private practice in both urban and rural areas. The averages were used in making presentation for the revision of the existing schedule. The committee desires to give credit to the federal authorities for the favourable consideration given the submission.

c. Notification has now been received that the Treasury Board has approved the revised Schedule of Dental Fees hereto attached as Appendix A. with effect June 1st, 1951.

d. The Department of National Defence has indicated that the Department will adopt the revised schedule.

5. Royal Canadian Dental Corps

In recent months negotiations have been taking place by mail with the Minister of National Defence with a view to getting a more adequate rank structure for the Royal Canadian Dental Corps. If this correspondence does not obtain satisfactory results in the near future, it is planned to request a personal interview with the Minister to present our arguments.

6. The above report is respectfully submitted on behalf of the members of the Dental Services Committee.

DENTAL SERVICES

DEPARTMENT OF VETERANS AFFAIRS

Schedule of Dental Fees for payment to Civilian Dentists

Fees for dental operations other than those listed and fees in excess of those allowed for similar operations must be approved by the Director.

(NOTE: Letters in parentheses are reference to explanatory comments in similarly lettered sub-paragraphs immediately following this schedule.)

(a) Authorized diagnosis and report	\$ 2.00
(b) Treatments	
(1) Prophylaxis (Including scaling and polishing)	3.00
(2) Minor periodontal treatment, each	2.00
(3) Emergency (Palliative)	2.00
(4) Pulp Cap	2.00
(c) Radiograms and Diagnosis	
(1) Single—intra-oral film (Bite-wing or apical)	2.00
(2) Each additional film	1.00
(3) Complete series, upper or lower (7 films)	6.00
(4) Full mouth series (14 films)	10.00
(d) Surgery	
(1) Extraction under local anaesthesia	
First tooth in each quadrant	3.00
Each additional tooth in same quadrant	1.00
(2) General anaesthesia	5.00
Extraction each tooth	1.00
Oral surgery, including impactions and fractures. Detailed report and radiograms are required. Fee will be set by Director.	
(3) Extirpation of pulp, treatment and filling of root canal. Fee will be set by the District Chief of Service—Dentistry.	
(e) Single tooth restorations	
(1) Amalgam (1 surface)	2.00
(2) Amalgam (2 surfaces)	4.00
(3) Amalgam (3 or more surfaces)	6.00
(4) Silicate	4.00
(5) Acrylic	5.00
(6) Inlay or foil, gold (1 surface)	8.00
(7) Inlay or foil, gold (2 surfaces)	12.00
(8) Inlay or foil, gold (3 or more surfaces)	15.00
Crown, gold cast occlusal	18.00

DENTAL SERVICES

(9) Crown, gold anterior	15.00
Crown, gold repair, including recementation	7.00
(10) Crown Porcelain Jacket	35.00
Crown Porcelain Jacket Remake	20.00
(11) Crown Acrylic Jacket	25.00
Crown Acrylic Jacket Remake	15.00
Recementing inlay or crown	2.00
(f) Fixed Bridges (Attachments as in (e) above)	
Pontic (Including soldering to attachment)	
First pontic in each bridge	12.00
Each additional pontic in same bridge	10.00
Repair bridge using new unit (abutment or pontic) .	
Regular fee, as above, for new unit plus assembly, solder and recement	
—1 abutment	3.00
—2 or more abutments	5.00
Replace porcelain facing	4.00
Recement bridge	
with one abutment	2.00
with two or more abutments	3.00
(g) Removable partial dentures (attachments as below)	
Base and teeth	35.00
(1) Clasp, gold, wrought, with rest	5.00
(2) Clasp, gold, cast, with rest	6.00
Bar, stainless steel	4.00
(3) Bar, gold wrought assembled	10.00
(4) Bar, gold cast assembled	18.00
Extension to replace extracted teeth	
First tooth	5.00
Each additional tooth	1.00
Remake partial denture (using teeth and attachments of present denture)	30.00
Reline partial denture	15.00
(h) Complete Denture	
Upper or lower, each	50.00
Upper or lower, Remake (using teeth of present denture)	45.00
Upper or lower, Reline and Rebase	20.00
(i) Repair Denture, partial or complete	
Base only	5.00
Each tooth replaced, add	1.00

DENTAL SERVICES

Explanatory Comments and Specifications for Dental Operations.

(NOTE: Letters refer to similar cross reference letters on fee table.)

- (a) Dental surgeons before making an authorized examination will remove such calculus or debris as is necessary to permit making an accurate diagnosis and report. No additional fee may be claimed for this service.
- (b) (1) A prophylaxis will be interpreted as the removal of calculus plus the polishing of the teeth and is authorized only when no morbid changes requiring periodontal treatment are anticipated. It may not be construed as an additional fee to that authorized for other periodontal treatments.
- (b) (2) A maximum of four periodontal treatments will be authorized at one time, unless it is obvious that a more extended course of treatment is necessary. In these cases, a progress report will be submitted to the District Chief of Service—Dentistry with a request for extended authorization.
- (b) (3) Fees for emergency treatment, other than palliative, will be allowed in accordance with fees provided for the respective operations carried out.
- (b) (4) The fee for pulp caps will be allowed only when there is actual pulp involvement and where there is a reasonable chance of pulp preservation. A recognized pulp capping material will be used.
- (c) (1) - (4) Radiograms will be authorized by the District Chief of Service—Dentistry when required as an aid in diagnosis. Films which are distorted, or which fail to show sufficient area to be of value as an aid to diagnosis, or which are not clearly marked with the name and number of the patient and the date will not be accepted or paid for.
- (d) (1) Extractions will ordinarily be made under local anaesthesia. Extractions without an anaesthetic should not be undertaken unless at the patient's request. The maximum fee for extractions in any case will not exceed \$30.00.
- (d) (2) General anaesthetics will be authorized only in exceptional cases.
- (d) (3) Extirpation of pulp and root canal filling will be authorized only in exceptional cases where the District Chief of Service—Dentistry is satisfied that a successful result may be expected. The treatment must be carried out by a capable operator using a modern standard method.
- (e) Note: The use of rubber dam in the insertion of all fillings is advocated.
- (e) (1) (2) (3) Cavities to be filled with al amalgam will have, where indicated, a protective base against thermal shock inserted at no additional charge. All fillings must be properly contoured, have a correct contact point, and must have grooves and cusps carved to occlusion. The maximum fee for amalgam fillings in any one tooth surface will not exceed \$2.00, nor will the maximum fee for amalgam fillings in any one tooth exceed \$8.00.

DENTAL SERVICES

- (e) (4) (5) Teeth to be restored with silicate or acrylic will have the pulpal wall protected with radiopaque material impervious to the filling ingredients at no additional charge. The maximum fee for such restorations for any one tooth will not exceed, for silicate \$8.00 and for acrylic \$10.00.
- (e) (6) (7) (8) Gold used for inlays and abutments will be of approved A.D.A. metallurgical standards. Inlays not used as bridge abutments will be authorized for only the six anterior teeth, upper or lower, where the incisal edge or angle is involved. (For R.C.M. Police members, inlays may be provided for the eight anterior teeth, upper or lower.)

Inlays for posterior teeth may not be authorized except for use as bridge abutments.
- (e) (9) Biting surfaces of crowns must be heavily reinforced with 18K. solder.
- (e) (10) (11) Jacket crowns may be authorized by the Director where they are indicated and indispensable for the preservation of the vitality of teeth.
- (f) Fixed bridges may be authorized for replacement of the six anterior teeth, upper or lower, except in the case of R.C.M. Police members where eight anterior teeth, upper or lower, may be replaced by this type of restoration.
- (g) Partial denture, either arch, may be authorized only where three or more artificial teeth are used in its construction.
- (g) (1) (2) All clasps must grasp opposing convex surfaces (double arm) and have a rest to prevent gingival displacement.
- (g) (2) (4) Cast clasps and bars will be authorized only where anatomical or occupational conditions demand their use.
- (g) (3) (4) Gold bars must be of approved A.D.A. metallurgical standard and not what are commonly termed "gold cased" bars.
- (g) (h) (i) In the construction of removable appliances, a recognized and accepted dental technique will be followed. Recognized brand materials and teeth of highest quality only will be used.

RESOLUTION

In addition to the Report the following resolution received from the Royal College of Dental Surgeons of Ontario was presented:

"That the Board of the R.C.D.S. wishes to express their confirmation of the schedule, which the C.D.A. has negotiated with the D.V.A. and Department of National Defence and wish our Secretary to convey to the C.D.A. an expression of appreciation for their efforts in this regard."

DENTAL SERVICES

COMMENT

The Chairman and his committee are to be commended for their successful achievement in having the Revised Fee Schedule accepted by the Treasury Board.

The Committee's efforts to raise the rank structure of the Royal Canadian Dental Corps have also been partially successful: The Director-General now holding the rank of Brigadier.

Sincere congratulations are tendered to Brigadier E. M. Wansbrough upon his merited promotion.

The resolution from the Board of the R.C.D.S. expressing their appreciation for the efforts of the Committee in obtaining a Revised Fee Schedule is noted, with thanks.

APPROVED

MEMBERS OF AUXILIARY SERVICES COMMITTEE: R. A. ROONEY, Chairman, Edmonton, Alta.;
H. R. MacLEAN, Edmonton, Alta.; A. M. REVELL, Edmonton, Alta.

REPORT

1. Since the presentation of the report of this committee at the last meeting of the Board of Governors in Toronto, May 1950, there have been no radical changes affecting the relationships between various auxiliary services and the profession. Three provinces, Nova Scotia, Ontario and Saskatchewan now have regulations permitting and controlling the practice of dental hygienists; the Ontario regulations having been approved recently. Manitoba regulations governing activities of this group are now before the Lieutenant-Governors in Council and may be approved by this time. New Brunswick, Quebec and Alberta are considering suitable by-laws though none are yet completely drafted. British Columbia has this matter under advisement and Newfoundland has to date given the subject little thought.

2. The University of Toronto will become the first school in Canada presenting a course for hygienists beginning the 1951-52 term this year. So far as can be learned no other school, for various reasons, has given serious thought to developing such a course.

3. The illegal practice of prosthetic dentistry still remains the main problem presented by ancillary groups and so far Ontario and Québec are the only provinces with adequate legislation which if thoroughly enforced, should control, if not eliminate such practices. From correspondence and discussions with representatives of the profession in the United States the problem is just as acute there.

4. In British Columbia during the last session of the legislature, the provincial Board made a determined effort to obtain an amendment which would require a dentist to write a prescription for each prosthetic appliance and a laboratory to have such a prescription for each piece of work on its bench. The unethical laboratories apparently developed a rather efficient organization to combat this particular clause and obtained the support of the opposition. Part of this particular clause was defeated though all other desired amendments were approved.

5. There was a great deal of undesirable controversy in the press with the unethical laboratories on one side and dental organizations and legitimate laboratories on the other. Claims of "combines" and "rackets" and of "500 per cent profits by dentists" were bandied about without of course, any supporting evidence but leaving a bad impression with the public. The unethical laboratories did not deny the charges against them but claimed that they were supplying a public need at a lower cost. In fact, in most places where such

AUXILIARY SERVICES

laboratories work this is their stock-in-trade, trying to enlist the support of the public and, it must be admitted, with some success.

6. In Alberta during the last session of the legislature, a proposal was made that full denture service might be made available to the public through laboratories. It seemed at first that there might be some government sympathy with this proposal. Briefs were prepared by the Provincial Dental Association and the Provincial Laboratory Association opposing such a suggestion and it may be that in this particular case the unethical laboratories helped defeat their own purpose by immediately demanding not only the right to work on the public but also to carry on blatant advertising and to make appliances, which would include attachments to natural teeth. In any case, the proposal was never presented to the legislature, failing to get by the government caucus.

7. In Britain during the debate on the public health services when the changes were made affecting the costs of dentures and eye-glasses to the public, laboratories made a presentation to the government claiming that they were prepared and able to make dentures equally as well as the qualified dentist and considerably cheaper. So far no action has been taken by the government to this end but the thought is disturbing.

8. In all cases the technique developed by these unethical laboratories is to admit quite freely, in fact boast, that they are flouting the law but doing so for the public benefit. This attitude appeals to a considerable unthinking section of the public and it would seem therefore, that some suitable program of informing the public of the danger of such activities should be considered by dental organizations throughout the country. Otherwise, support for the unethical laboratories is bound to increase with all the dangerous angles that are sure to develop. Because it emphasizes the unfortunate facts of prosthetic treatment by untrained personnel, the brief which was presented to the government by the Alberta Dental Association is on file.

9. In the United States the problem is just as acute as in Canada but for reasons not clearly understandable on this side of the border, the American Dental Association and other authoritative groups and bodies do not favour control of illegal practice by legislation; instead, they have endorsed a system of accreditation of individual laboratories on a voluntary basis. In some states and localities some success with this plan is claimed; in others it had proved ineffective, as would be expected.

10. The New Zealand plan for training dental nurses for children's dentistry has been the subject of investigation by representatives of both the British and American Dental Associations and the reports of the two groups are almost directly opposed to each other. Dr. Ellis' report on behalf of the Canadian Dental Association will be presented at this meeting. The plan has been in operation for 25 years or more and appears to have the support of the profession in that country; at least there seems to be no serious opposition. This may be due in part to the fact that the dentists are not prepared to or

cannot care for the children's needs and are willing to delegate the responsibility for this reason it may be that the system has been established so long that it would be futile to attack it at this late date. The fact that such a situation does exist presents a latent danger to organized dentistry in other countries, particularly where there is a shortage of dentists and if politicians become aware of the scheme in New Zealand.

11. It is the opinion of this Committee that unless more effective controls are instituted soon, the practice of prosthetic dentistry—excluding crown and bridgework—will cease to be considered solely within the professional field. If control breaks down in one province others are bound to follow before long. This is a problem that must be recognized by organized dentistry.

COMMENT

The serious nature of the points covered in this report are of grave concern to all members of the dental profession. Study must be given to ways and means of counteracting these trends.

APPROVED

INDUSTRIAL DENTISTRY

MEMBERS OF INDUSTRIAL DENTISTRY COMMITTEE: C. A. E. McCABE, Chairman, Valleyfield P.Q.; RAY CARSON, Montreal, P.Q.; D. W. HENRY, Montreal, P.Q.

REPORT

1. Your Committee desires to report that two meetings of the Industrial Dentistry Committee have been held since the last Annual Meeting of this Board.

2. At these meetings your Committee reviewed all the reports of the previous Industrial Dentistry Committees, as well as the reports of the Committees on the Reports. As a result of this review, several matters were discussed and dealt with as follows:

3. (a) Your Committee studied the advisability of establishing a Directory of all Canadian industries interested in industrial dental services. Your Committee came to the conclusion that inquiries having been made to the Association for such a list, its usefulness is unquestionable. Furthermore, with such a Directory, your Committee could directly contact interested industries, in its search for the solution to problems of mutual interest. The Directory might comprise:

- (i) Industries having a full time or part time dentist on their staff.
- (ii) Industries that are interested in establishing a dental health service.

(b) Your Committee is of the opinion that to prepare such a list, information should be sought from:

- 1. The Secretary of the Canadian Dental Association;
- 2. The Provincial Registrars;
- 3. The Division of Dental Health, Department of National Health Welfare;
- 4. The Canadian Manufacturers Association;
- 5. Dealers in dental supplies;
- 6. The American Association of Industrial Dentists, who are presently attempting a similar project;
- 7. Provincial Dept. of Health, through their Director of Dental Services.

(c) Your Committee recommends further study and research towards the compilation of the above mentioned Directory.

4. (a) Your Committee considered the possibility of preparing a bibliography of educational material on Preventive Dentistry for the use of Industrial dentists. Your Committee is of the opinion that the material for such a bibliography exists and that the collaboration of the following should be sought:

1. The Secretary of the Canadian Dental Association;
2. The Committee on Dental Public Health;
3. The Division of Dental Health, Department of National Health and Welfare;
4. The Provincial Departments of Health;
5. The National Film Board;
6. The American Association of Industrial Dentists;
7. C.B.C. and other Radio Stations;
8. Provincial Dental Hygiene Commissions;
9. Municipal Dental Public Health Departments.

(b) Your Committee felt that this bibliography should contain:

1. The title;
2. The author, when possible;
3. A synopsis of the contents of each item;
4. Where and how the material may be obtained.

(c) Your Committee concluded that the subject matter should comprise: sound films, silent films, posters, pamphlets, glossaries for educational talks to individuals at the time of mouth examination.

(d) Your Committee recommends further study and research by the incoming Committee, towards the preparation of the above mentioned bibliography.

5. (a) Your Committee considered the possibility of preparing a second bibliography for the use of industrial dentists. Until such time as the dental schools modify their curriculum of undergraduate or postgraduate studies to qualify industrial dentists, your Committee feels that some means must be taken to make available to industrial dentists, subject matter as regards diagnosis of dental industrial hazards and oral manifestations of occupational diseases.

(b) Subject matter for the above should be sought from:

1. Dental Faculties;
2. The Council on Dental Education, Canadian Dental Association;
3. The Committee on Dental Public Health;
4. The Division of Dental Health, Department of National Health and Welfare;
5. The Provincial Departments of Health;
6. The Canadian Manufacturers Association;
7. The American Association of Industrial Dentists;
8. (The Division of Industrial Hygiene;
(Public Health Service, Washington, D.C.

(c) Your Committee recommends that the incoming committee compile

INDUSTRIAL DENTISTRY

a Bibliography, for the use of industrial dentists, with subject matter concerning the diagnosis of dental industrial hazards and oral manifestations of occupational diseases.

6. Your Committee tabled for study by your 1951-52 Industrial Dentistry Committee:

- (a) The possibility of adapting the Health Insurance Studies Committee Pre-Payment Plan to Industrial Dental Services.
- (b) The Industrial Diagnostic Service originated and promoted by the Chicago Dental Society, as reported by Dr. Allen O. Gruebbel.

7. In 1948 this Board adopted a resolution directing the Association to collaborate with the Department of National Health and Welfare in the preparation of a pamphlet on industrial dentistry. Your Committee wrote to Dr. H. K. Brown, Chief, Division of Dental Health, as regards this matter. Dr. Brown informed your Committee at its meeting of July 17th that due to the pilot model preventive service referred to in item 16 of this report, further action on the proposed pamphlet has been postponed.

8. Your Committee has been informed that 294 booklets "Industrial Dental Services" have been distributed to date.

9. Your Committee discussed management's apparent reluctance to officially give critical comments of the booklet. Your Committee is of the opinion that management fears that the comments might erroneously be interpreted as a commitment as regards their future policy. Your Committee gathered the impression from correspondence and informal conversation that management favours reference of employee to his own dentist by the Medical Staff or First Aid Department when decayed teeth or septic mouths are noticed.

10. Your Committee hopes to obtain, through the American Association of Industrial Dentists, information to measure the benefits which have been obtained by industrial dental services as well as the cost of dental services in dollars per patient per year.

11. Again this year, your Committee was very fortunate in having a representative attend the annual meeting of the American Association of Industrial Dentists due to the fact that Molson's Brewery Ltd. covered the expenses.

12. (a) Your Committee hopes that the same arrangements may be made next year as regards representation at the Annual Meeting of the American Association of Industrial Dentists. Otherwise, provision should be made in the budget for the said expenses.

(b) The American Association of Industrial Dentists is rapidly becoming a most important source of information and the Committee views with great concern the possibility of the present amiable connections being severed even temporarily.

13. In view of the fact that several of the projects recommended to the

incoming Committee for study are on the American Association of Industrial Dentists Agenda, your Committee recommends to the incoming Committee that if its budget will allow, full advantage be taken of any renewed invitation by the American Association of Industrial Dentists Board to attend its Mid-winter winter.

14. Your Committee draws your attention to the new Public Health research project set up, by the Dental Health Division of the Department of National Health and Welfare, in the form of a pilot model preventive service for adults in which a prophylactic and counselling service is given by a dental hygienist under the supervision of a dentist. The supervising dentist works with the dental hygienist and provides a diagnostic service wherever it is indicated. Close liaison is maintained with the Civil Service Health Division with mutual referral of patients. Those whose oral conditions indicate it are referred to the Nutrition Division for counselling and report. A working arrangement has been made with the local dental society to facilitate the referral of patients for emergency and other dental treatments. It is proposed to operate this pilot model dental preventive service for a year or two in order to determine its place and its value in an industrial health service.

15. Your Committee gave consideration to and agrees with the present Canadian Dental Association policy of not taking the initiative of proposing widespread adoption of industrial dental services nor at present advising such a policy; however, your Committee does recommend greater publicity of the booklet "Industrial Dental Services" and widespread dissemination of the Association's principles and policy.

16. In 1947 your Committee was instructed to take full advantage of the channel provided by the Dental Division of the Department of National Health and Welfare for the dissemination of information on preventive dentistry. Your Committee has found it difficult to implement the above instructions in view of the fact that the Association's Principles and Policy as regards industrial dental services differ slightly with those of the Department. An attempt was made, in items 11 and 12 of the 1950 original report, to extend to other publications of industrial interest the above mentioned instructions and to broaden their scope to include all Canadian Dental Association Industrial Dental Services' principles and policy; these items having been deleted by the Committee on the Report, the situation has become complex and merits further consideration. Your Committee therefore requests further guidance as regards promotion of preventive dentistry in industry through periodicals of industrial interest.

17. In preparing its budget your Committee tried to economize without jeopardizing efficiency and results.

18. Your Committee wishes to express its thanks to Dr. Gullett, Secretary of the C.D.A. for having so promptly executed the typing requested by your Committee.

INDUSTRIAL DENTISTRY

Summary of Recommendations

Your Committee recommends:

- I. In para. 3. Further study and research towards the compilation of a Directory of Industrial firms operating or interested in dental health projects;
- II. In para. 4. Further study and research towards the preparation of a bibliography of educational material on preventive dentistry for the use of industrial dentists;
- III. In para. 5. That the incoming Committee compile a bibliography, for the use of industrial dentists, with subject matter concerning the diagnosis of dental industrial hazards and occupational diseases;
- IV. In para. 6. (a) Studying the possibility of adapting the Health Insurance Committee's Pre-Payment Plan to Industrial Dental Services;
- V. In para. 6. (b) Studying the Chicago Dental Society Industrial Diagnostic Service;
- VI. In para. 12. That full advantage be taken of American Association of Industrial Dentists invitations, if the budget permits;
- VII. In para. 15. Greater publicity of the booklet "Industrial Dental Services" and widespread dissemination of the Association's principles and policy.
Your Committee request,
In para. 16. Further guidance in regards to promotion of preventive dentistry through periodicals of industrial interest.

COMMENT

We desire to commend Dr. McCabe and his Committee for their excellent report.

It is recommended that a letter of thanks be forwarded to Molson's Brewing Ltd. for their financial support to make it possible for Dr. Don Henry to attend annual meeting of American Association of Industrial Dentists.

It is recommended that the C.D.A. booklet, "Industrial Dental Services", be forwarded to the Editors of Industrial Publication Department of National Health and Welfare, and other Canadian Industrial Publications requesting that they review the booklet in their publication with special notation that the booklet may be obtained from C.D.A. Headquarters.

APPROVED

2. During the last year Dr. D. W. Gullett secured permission from the proper

3. Our Section was fortunate in receiving many contributions to the Grievance

4. It is with pride we announce the anonymous gift to the above fund of

5. The total received to September 30th, 1951, in the Dr. George W. C. Jones

6. The purpose of the Griens Memorial Fund is to:

7. Shall the following be adopted as the official position of the C.D.A.:

ORTHODONTIC SECTION

8. Recommendations

- (a) The Orthodontic Section recommends that a greater amount of time be allocated in dental schools, in teaching the preventive and interceptive aspects of orthodontics.
- (b) This Section recommends that no action be taken in rendering Orthodontic Services under Crippled Children's Grant, or General Health insurance schemes until our roster of proper personnel be completed. This matter is now being attended to.
- (c) We suggest that our Section, when requested, aid in the preparation of material and information, before publication by the Department of National Health and Welfare.
- (d) Our Section being self-sustaining financially, no budget is presented.
- (e) Our sincere appreciation and thanks is hereby expressed to Dr. Gullett and his staff for their many kindly efforts on behalf of this Section during the past year.

APPENDIX A

BY-LAWS OF THE ORTHODONTIC SECTION OF THE CANADIAN DENTAL ASSOCIATION

Article I

Name

The name of this Section shall be the ORTHDONTIC SECTION of the Canadian Dental Association.

Article II

Object

The object of the Section shall be to promote the objects of the Canadian Dental Association, to advance the science and art of Orthodontics, to encourage and sponsor research; to strive for higher standards of excellence in instruction and practice of Orthodontics, and to contribute its part in health service.

Article III

Membership

Section 1. The membership shall consist of:

- A. Active members.
- B. Associate members.

ORTHODONTIC SECTION

- Section 2. Active members — a dentist may be elected to active membership provided he has at least three years of exclusive practice of orthodontics, which includes one full time year of university graduate training in orthodontics, or two years preceptorship training, or informal training by preceptors and suitable short courses, all of which satisfy the entire committee which passes on applications, with recommendation by two active members.
- Section 3. Associate members — a dentist may be elected to associate membership for one period of a maximum of three years provided he has
- A. been in association in practice (preceptorship) with an active member for one calendar year with the recommendation of that active member, or has satisfactorily completed a recognized university course of orthodontic training of one full academic year or more conducted by a graduate department of a university school of dentistry, with the recommendation of the head of the orthodontic department.
 - B. A full time teacher in the department of Orthodontics in a university school of dentistry may be elected to Associate membership for a period of three years subject to renewal while continuing to hold this post.
- Section 4. Active and Associate Members, excepting full time teachers as in Section 3B above, shall be members in good standing of their local, provincial, and national dental organizations, and shall remain in the exclusive practice of Orthodontics, or forfeit membership in this organization.

Article IV

Officers

- Section 1. The officers of this section shall consist of Chairman, Vice-Chairman, and Secretary.
- Section 2. The officers shall be elected annually and shall serve until their successors are elected and installed.
- Section 3. Nominations for officers shall be made by a nominating committee and also from the floor at the last business session of the annual meeting of this Section, and a written ballot shall be taken if necessary.
- Section 4. A majority of the votes cast shall be required for election. In case of a tie, as many written ballots shall be taken as are necessary for election.
- Section 5. A vacancy in any office, not otherwise provided for shall be filled by the Executive Committee for the balance of the unexpired term.

ORTHODONTIC SECTION

Article V

Meetings

- Section 1. A meeting of the members of the Section will be held annually at a time and place chosen by the members at a regular business session of the previous annual meeting.
- Section 2. The selection of the date and place of the annual meeting may be delegated to the Executive Committee by a majority vote of the members present at the annual meeting.
- Section 3. The Executive Committee, if it deems it wise and expedient, may cancel or change the time and place of the annual meeting as a result of unforeseen circumstances.
- Section 4. Special meetings of the Section shall be called by the Chairman, or in his absence by the Vice-Chairman, upon the written request of 10 active members or whenever the Executive Committee shall deem it necessary. The call shall state the time, place and purpose of the meeting.
- Section 5. Twenty per cent of the total active membership shall constitute a quorum.

Article VI

Amendments

- Section 1. These By-Laws may be amended by three-fourths affirmative vote of the active members present at any business session of a section during an annual meeting, provided that the proposed amendment shall have been presented in writing to the section at a previous annual meeting and that a copy of the proposed amendment shall have been sent to each active member at least thirty days prior to the meeting at which the amendment is to be considered.

Article VII

Election of Members

- Section 1. All applications for membership shall be made in writing on an application form, endorsed by two active members of the section who have personal knowledge of the applicant, accompanied by a fee of \$10.00 and be submitted to the Secretary who shall refer them to the Executive Committee of the section. Each application must be accompanied by a letter of endorsement from each of the endorsers. With the consent of the Executive Committee of the section, the application shall be read at an annual meeting of the section and the name of the applicant sent to each Active Member of the section with the notice of the next annual meeting thereafter thus giving the membership an opportunity to com-

ORTHODONTIC SECTION

municate with the Secretary of the section as to the desirability of a candidate for membership. If, after consideration of the application and all communications pertinent thereto, the applicant has received the approval of the Executive Committee, he shall be voted upon by secret ballot at the next annual meeting referred to above. A three-fourths affirmative vote shall be necessary for election. A fee of \$10.00 accompanying the application shall cover the annual dues for the year in which membership becomes effective or shall be returned if the applicant fails to be elected.

Section 2. Applications from Associate Members for Active Membership need not be accompanied by the \$10.00 fee.

Section 3. The acceptance of membership in the section implies acceptance of its By-Laws.

Article VIII

Privileges of Members

Section 1. Active members in good standing shall have all the privileges of the Section.

Section 2. Associate members shall have all the privileges of the section except those of attending business sessions, voting and holding office.

Article IX

Dues and Assessment

Section 1. The annual dues of this Section shall be \$5.00 payable January first for the ensuing year to the Secretary of the Section.

Section 2. Members engaged in active military duty during the time of war shall be exempt from the payment of dues and assessments of the section.

Section 3. A proposal for increase in dues shall not be voted upon at an annual meeting at which it is presented but must lie over until the next annual meeting.

Section 4. This section may, upon recommendation of the Executive Committee and by a three-fourths mail vote of all Active Members order an assessment not to exceed fifty dollars (\$50.00) upon each Active Member.

Section 5. On May 1st the Secretary of the section shall drop from the membership roll the names of members whose dues and assessments for the current year have not been received.

Section 6. Members dropped from the rolls as specified in Section 5 shall not be entitled to vote, hold office or attend meetings of the Section until reinstated.

ORTHODONTIC SECTION

Section 7. Members dropped from the rolls, as specified in Section 5, may be reinstated within one year by the payment of all indebtedness.

Section 8. Any member who fails to pay dues and assessments for a period of one year after having received at least two notices, may be reinstated upon payment of all indebtedness provided that such reinstatement is approved by a majority vote at a regular meeting.

Article X

Duties of Officers

Section 1. The Chairman of this Section shall:

- (a) Preside at all meetings of the section and at the Executive Committee of the section.
- (b) Call meetings of the Executive Committee and special meetings of the section whenever he may deem it necessary.
- (c) Appoint the members and designate the chairman of all committees of the section except when otherwise provided.
- (d) Be a member, ex-officio, of all sectional committees.
- (e) Sign all official documents or papers pertaining to the section.
- (f) Perform such other duties as usually appertain to this office.
- (g) Serve until his successor is elected and installed.

Section 2. The Vice-Chairman of this Section shall:

- (a) Assist the Chairman in the performance of his duties.
- (b) Preside at all meetings of the Section in the absence of the Chairman.
- (c) Succeed to the office of Chairman in case of vacancy.
- (d) Be a member, ex-officio, of all committees of the Section.
- (e) Serve until his successor is elected and installed.

Section 3. The Secretary of this Section shall:

- (a) Keep a record of all transactions of the Section and of the Executive Committee.
- (b) Take charge of and conduct the correspondence of the section and keep copies of all official letters and replies to same.
- (c) Keep a roll of all members of the section and their addresses.
- (d) Notify all members of the time and place of the annual meeting at least thirty days before the date of the meeting.
- (e) Notify officers, members of committees and others of their election or appointment.
- (f) Notify all applicants for membership of their election or rejection.
- (g) Mail to each Associate Member at least sixty days prior to the

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annual meeting preceding expiration of membership, notification of such expiration and a form to be used in requesting renewal of membership or application for membership.

- (h) Notify all members, whose dues and/or assessments are not paid by April 15th that they will be dropped automatically from membership unless dues are paid by May 1st.
- (i) Collect and deposit in an authorized bank or depository all monies due the section.
- (j) Disburse funds only on written orders or vouchers signed by the Chairman.
- (k) Keep an accurate account of monies received and expended in a book provided for this purpose.
- (l) Submit to the section an annual detailed written report of the financial affairs of the section together with the names and addresses of all members in arrears or when called for by the chairman.
- (m) Invest the funds of the section only upon approval of the members of the section.
- (n) Perform such other duties as usually appertain to the office or that may be required of him.
- (o) Serve in this office until his successor is elected and installed.
- (p) Promptly turn over to his successor all correspondence and property in his possession, of whatever nature, that belong to the Section.

Article XI

Committees

Section 1. The Executive Committee of a section shall consist of three members: The Chairman, Vice-Chairman, and Secretary.

Section 2. Duties of the Executive Committee:
The Executive Committee shall:

- (a) Act for the section in all matters between the annual meetings except in such cases as may, by motion or under the provisions of these by-laws, be considered only by the section as a whole in either regular or special session.
- (b) Hold meetings at the call of the Chairman.
- (c) Provide a suitable place for the meetings of the section.
- (d) Serve as Programme Committee for all meetings.
- (e) The Chairman shall act as Chairman of the Executive Committee.

ORTHODONTIC SECTION

Article XII

Resignation — Expulsion

- Section 1. No resignation shall be considered by the section until written notice to that effect is sent to the Secretary accompanied by sufficient money to meet all indebtedness to the section.
- Section 2. Impeachment charges may be brought against any member by three other members for violating the laws of this section, for malpractice or other unethical conduct or for activities detrimental to this Section. The member so charged shall have transmitted to him a written copy of the charges with notice of the time of hearing before a committee of five members appointed by the Executive Committee for that purpose. If the report of said committee sustains the impeachment the section may, at any regular session, by written ballot, expel such a member by a majority of all votes cast.

Article XIII

Papers

- Section 1. All papers read before the Section shall become the property of the Section.

Article XIV

- Section 1. The order of business to be followed during business meetings of the section shall be:
1. Calling of meeting to order.
 2. Reading of the minutes of the previous meeting.
 3. Reports of officers.
 4. Reports of committees.
 5. Unfinished business.
 6. New business.
 7. Applications for Membership.
 8. Election of Members.
 9. Election of Officers.
 10. Adjournment.
- Section 2. The order of business may be altered or suspended by a two-thirds vote of the active members present.

Article XV

Code of Ethics

- Section 1. Every member of this section shall adhere to the Code of Ethics of the section.

ORTHODONTIC SECTION

Section 2. The Code of Ethics of the section shall be the Code of Ethics of the Canadian Dental Association with the following additions:

- (a) The payment of a commission or a fee to a dentist or any other person by a member of this section for the reference of a patient, shall be sufficient cause for the expulsion of such member.
- (b) In the event of co-operation between a dentist or any other person and a member of this section in the care of a patient, there shall be no division or splitting of fees but each person shall render a separate statement for his personal services. A violation of this provision shall be sufficient cause for expulsion.

COMMENT AND RECOMMENDATIONS

The adoption of the report is recommended.

Para. 8, sect. (a), without facts we cannot commend this statement and suggest that it be referred to the Council on Dental Education.

Para. 8, sect. (c). We recommend that this be discussed more fully at the Board of Governors meeting. (Explanation was made that the Section was simply asking for time.)

Article III, sections 1, 2, and 3 of Appendix A. We doubt the value of division of members into Active and Associate and request clarification of the purpose. (Explanation was made that this was done to harmonize with other Orthodontic bodies.)

We wish to commend the work of the Orthodontic Section and express admiration for its fine spirit of service to the profession and to the public.

APPROVED

DENTAL PROFESSION PENSION-ASSURANCE TRUST PLAN

(This presentation was made by Mr. E. L. R. Williamson, M.B.E., B.P.A., a consulting economist of Ottawa.)

I. After eight years of search and study by the Insurance Committee, we have at last obtained a Pension and Assurance Plan which the Executive feel worthy to be placed before the Board of Governors. This plan is designed to be the Canadian Dental Association's own, operated under the supervision of two members of the profession as Trustees appointed by the Board of Governors. The legal responsibility for the fulfillment of the contracts, however, will be borne by a group of legal reserve insurance companies.

II. This plan is unique, both in completeness of protection and in economy of premium rates: It secures all of the advantages now available through individual assurance contracts, and extends them to benefits not now obtainable at any price; yet it also offers to members of the Dental Profession the economies of the group plans enjoyed by the employees of business and industry for years, but hitherto denied to professional men.

III. The C.D.A. Plan combines into a single, comprehensive, and integrated contract all the multitude of separate types of contracts now offered. Each part of the Plan complements the others so that collectively they form a complete system of protection against all of the personal economic hazards of the dentist. The benefits available under the Plan may be summarized as follows:

1. Eligibility:

Any Dentist who is a Member of The Canadian Dental Association.

2. Sickness and Accident Indemnity:

An Indemnity payable to pension age during any period or successive periods of disability, and which cannot be reduced to a lump sum settlement for dismemberment or blinding. **NON-CANCELLABLE.** Guaranteed renewable. Confinement to hospital or to house not required. Payable for disability from *any* cause.

3. Hospitalization and Medical Treatment:

Non-Cancellable, blanket coverage for hospital, medical and surgical expenses.

4. Life Assurance:

Full life-assurance cover to meet every individual requirement. Obtainable at the lowest rates in Canada.

5. Family Income:

Guaranteed income for families payable until the youngest child reaches maturity. Periods of 10, 15, and 20 years.

6. Life Income for Widow:

Guaranteed settlement options to insure a life income for a widow.

7. Retirement Pension:

An inexhaustible, life-time pension starting at Age 55, 60, or 65 as required. Selection of guaranteed periods, also a joint pension for the Dentist and his wife so long as either lives. Premium rates the lowest in Canada.

8. Cash Option:

A Cash Option in lieu of Pension is available at Pension Age.

9. Emergency Values:

Full scale of cash and loan values at any time during the life of the contract after the third year.

10. Total Disability Waiver of Premium:

All benefits under the C.D.A. Plan may be fully protected by a provision for waiver of all premiums during any period of disability.

11. Tax-Exemption:

Sickness and Accident Indemnity, Life Assurance, Family Income, and Cash Option all wholly free of Income Tax. Pension, when taken, is 73% to 89% tax free.

12. All Values Guaranteed:

Under the C.D.A. Plan, in no circumstances can the benefits be reduced or the premiums increased in regard to any contract, once it has been undertaken.

13. NON-Cancellable:

No Dentist undertaking a contract under the C.D.A. Plan can be deprived of his contract at any time by any action of the underwriters, by the C.D.A. itself, or any other subscribing members.

14. Entirely Individual:

Each Dentist may purchase to fit his own exact needs, and none is required to subscribe in order that others may obtain their contracts.

IV. The entire administration of the Dental Profession Pension-Assurance Trust will be performed without cost or liability to the Canadian Dental Association. Mr. E. L. R. Williamson, M.B.E., Consulting Economist of Ottawa, who developed the C.D.A. Plan, will attend to provide further explanation of details and to answer questions.

COMMENT

The details of this plan were under study by the Executive for several months and recommended for adoption by the Executive. (See both Report of Executive and President's Report.) After considerable discussion before the Board the following resolution was presented:

PENSION TRUST FUND

RESOLUTION

“Whereas a need exists for the provision of a security program for members of the profession and whereas the proposed pension trust plan, after several years investigation, has been endorsed by the Executive: Be it resolved that the action of the Executive be approved subject to the following conditions; THAT the Canadian Dental Association assumes no legal, financial or administrative responsibility other than as stated below and THAT the contract to be signed by the Association be approved by the Solicitor of the Association.”

APPROVED

MEMBERS OF THE BY-LAWS COMMITTEE: J. STANLEY BAGNALL, Chairman, Halifax, N.S.;
 GEORGE L. CAMERON, Ottawa, Ont.; S. A. MOORE, London, Ont.; JOHN CLAY, Calgary,
 Alta.

REPORT

This Committee recommends the following changes in the By-Laws.

1. Part II. Article III. That the words "Vice-President" be changed to read "President-Elect".

Comment—The office of President has become an onerous one which necessitates that the incoming President make arrangements during the preceding year in order to be ready to assume his duties. It is hardly fair that there should be any doubt concerning this. It will be noted in this connection that under Administration By-laws Clause IV Sec. 2 below, the President-elect succeeds to office without further election.

If this change be agreed to, then the words "Vice President" must be changed to "President Elect" in the following places:

- (a) Constitutional By-laws

Art. 6, Sec. 2 (a) line 3.

- (b) Administrative By-laws.

Clause IV. Sec. 1. Line 1.

Clause V. Sec. 2. The para heading and also line 1.

2. Administrative By-laws.

Clause VIII. That No. 7 "Program" be changed to "Convention".

Comment—The present term is confusing.

3. Administrative By-laws.

Clause IV. Election of Officers. That this clause be deleted and the following be substituted.

Clause IV. Election of Officers.

Sec. 1. The election of officers, chairmen and members of committees shall take place at the Annual Meeting of the Board of Governors by the members of the Board of Governors.

Sec. 2. The President-Elect shall succeed to the office of President without other election at the next annual meeting of the Board of Governors following his election as President-Elect.

Sec. 3. The report presented by the Nominating Committee shall be received by the Board of Governors and the complete list of names of proposed candidates placed in nomination.

BY-LAWS

- Sec. 4. Additional nominations shall be asked for by the presiding officer and may be made from the floor by any member of the Board of Governors.
- Sec. 5. The President-Elect and two members of the Executive Committee each shall be elected by a separate ballot.
- Sec. 6. The Secretary-Treasurer shall be appointed by the Board of Governors at the annual meeting of the Board of Governors.
- Sec. 7. Nominations for the chairman and members of the Nominating Committee shall be made from the floor by a member or members of the Board of Governors and elected by the Board of Governors.
- Sec. 8. All elections shall be by ballot and a majority of the votes shall be necessary to elect. In case no candidate receives a majority of the votes cast in the first ballot, the one receiving the least number of votes shall be dropped and a new ballot shall be taken. This procedure shall be continued until the candidate receives a majority of all votes cast, when he shall be declared elected.

Comment—The above procedure has been inserted in some detail, since it has been found in practice that the abbreviated form presently used in the By-laws has led to differing interpretations by different chairmen. It also makes provision for additional nominations to those presented by the nominating committee. While this may have been implied, it is the feeling of this committee that provision for additional nominations should be clearly stated.

Constitutional By-laws—Article V. That the present wording be deleted and the following substituted: There shall be an Executive Committee of the Association which shall consist of the President, President-Elect, Immediate Past President and two other members elected from the Board of Governors.

Comment—The earlier wording has not proved specific in practice. Therefore in this amended form the “officers” of the association are definitely named. Since the Immediate Past President is definitely named as an ex-officio member of this Committee by Article VI. Sec. 2 (b) he is included among the named members.

Publication—It is our opinion that there is an advantage in publishing the “By-laws” and the “Terms of Reference for Committees” in one booklet. We do not think that this is advisable at this time, since further revision will be necessary in the Terms of Reference for some committees. Further a procedure of the Housing Committee will have to be worked out. (See Report of Executive.)

By-laws—We are agreed in principle with the need for revision of the By-laws but this is not a procedure which can be carried out. The By-laws were radically changed after a lengthy series of sessions about the time of the Reorganization in the late twenties and again completely re-arranged at the time of “Incorporation”. Difficulties on the working of the By-laws will only be encountered by those who are actually working with the By-laws. It is our suggestion that such difficulties should be reported as has been done this year to the By-laws Committee. Further, that future members of this Committee should give serious thought to improvements in the By-laws.

Terms of Reference for Nominating Committee

The Nominating Committee shall be a standing committee of five members nominated and elected annually by the members of the Board of Governors. The President-Elect of the Association shall be a member of this Committee.

The Chairman of this Committee shall be designated by the Board of Governors.

The Chairman shall be responsible for the presentation of a report to the Board of Governors at its Annual Meeting.

The duties of the Committee shall be:

1. To present to the Board of Governors at its annual meeting a report which shall contain a complete list of the names of proposed candidates for all offices and committees, the Nominating Committee excepted.
2. To present to the Board of Governors, through the Secretary of the Association, for its consideration the name, or names, of recommended candidate, or candidates, for any office or committee when a vacancy or vacancies may occur between the annual meetings of the Board of Governors.

This Committee has made the above suggestions for changes in the Terms of Reference for the Nominating Committee. This is done with the express thought that the President-elect should be a member of the Nominating Committee. However, at the present time, there is no provision in the Terms of Reference for the By-laws Committee to take such action. Since “Terms of Reference” are so closely related to “By-laws” it would seem that provision should be made for this. It is therefore suggested that:

Under Terms of Reference—Committee on By-laws that the following be inserted:

2. To recommend amendments, deletions, and additions to the “Terms of Reference” for Committees, when considered necessary.

Re-number present No. 2 and No. 3 to No. 3 and No. 4 respectively.

RESOLUTIONS

1. That the amendments to the Constitutional By-laws be approved and referred to the Annual Meeting of the Association.

APPROVED

2. That the Administrative By-laws as amended be adopted.

APPROVED

NOMINATING



MEMBERS OF THE NOMINATING COMMITTEE: GEORGE L. CAMERON, Chairman, Ottawa, Ont.; S. J. PHILLIPS, Oshawa, Ont.; H. BADEN POWELL, Calgary, Alta.; A. J. COUGHLAN, Saint John, N.B.; E. CHARRON, Montreal, P.Q.

REPORT

Your Nominating Committee begs leave to submit the following names for your consideration.

<i>President</i>	-	-	-	-	-	-	-	H. M. Cline
<i>President-Elect</i>	-	-	-	-	-	-	-	G. Ratté
<i>Immediate Past-President</i>	-	-	-	-	-	-	-	R. P. Lowery
<i>Secretary-Treasurer</i>	-	-	-	-	-	-	-	Don W. Gullett

EXECUTIVE COMMITTEE

Chairman, H. M. Cline; R. P. Lowery; G. Ratté; A. J. Coughlan; R. R. McIntyre.

LEGISLATION

Chairman, C. W. Sheridan; Jas. Coupland; L. E. McLachlan, and Provincial Registrars.

FINANCE

Chairman, G. Ratté; A. J. Coughlan; S. J. Phillips; H. B. Powell; K. M. Johnson.

PUBLICATIONS

Chairman, P. G. Anderson; Armand Fortier; F. Martin; A. R. Poag; F. J. Pearson; W. J. Langmaid; M. G. Boyes. Also Editors and Provincial correspondents in an advisory capacity.

COUNCIL ON DENTAL EDUCATION

Chairman, W. Scott Hamilton; Roy G. Ellis; E. Charron; H. W. Reid; Wm. Miller; A. L. Walsh. Also a representative from the Dental Council of Canada.

HEALTH INSURANCE

Chairman, H. W. Reid; C. A. E. McCabe; H. A. Swales; T. R. Marshall; L. V. Janes; G. Ratté. Also chairmen of Provincial Health Insurance Committees.

AUXILIARY SERVICES

Chairman, R. A. Rooney; H. R. MacLean; A. M. Revell. Also chairmen of Provincial Legislation Committees.

SPECIALISTS AND SPECIALIZATION

Chairman, Arnold Mitchell; A. G. Racey; R. E. McMahon; Gordon Kelly.

WAR MEMORIAL AWARD

Chairman, Armand Fortier; W. F. Walford; Paul Geoffrion; A. M. Hord; H. M. Garvin.

HOSPITAL DENTAL SERVICES

Chairman, D. M. Tanner; W. S. Madill; E. C. Veitch; Frank A. Smith; G. A. Buchanan; J. M. Chamard; John Clay; G. de Montigny.

DENTAL PUBLIC HEALTH

Chairman, H. A. Swales; Glen Mitton; R. R. Butler; S. A. McGregor. Also chairmen of Provincial Dental Public Health Committees.

PUBLIC RELATIONS

Chairman, G. V. Fisk; R. P. Lowery; Harry S. Thomson; H. E. Leyland; L. M. Grose; W. R. Jackson. Also President-Elect as an ex-officio member. And in addition Chairmen of Provincial Public Relations Committees.

ETHICS

Chairman, J. D. McLean; O. L. Oatway, S. C. Hodgson, J. P. Whyte, H. N. Beach.

BY-LAWS

Chairman, J. Stanley Bagnall; George L. Cameron, S. A. Moore, George Dewis, W. M. Blair.

RESEARCH

Chairman, W. G. McIntosh; R. G. Ellis, J. P. McGuigan, J. H. Johnson, G. H. W. Lucas, A. G. Racey, H. R. MacLean, J. J. Rae, R. H. McDougall, C. H. M. Williams, R. J. Godfrey, J. B. Macdonald, Roland Gendron, A. D. A. Mason, D. M. Tanner.

NOMENCLATURE

Chairman, Don W. Gullett; J. H. Johnson, W. G. Trelford, G. H. W. Lucas, A. H. Hunter, W. J. Dunn, F. E. H. Priestly, R. J. Getty. Also the Editor-in-Chief and the French Section Editor of the Journal.

DENTAL SERVICES

Chairman, L. V. Janes; George L. Cameron, C. W. Sheridan, R. McLaughlin, J. W. Abraham. Also in advisory capacity: E. M. Wansbrough, H. K. Brown, L. A. Kilburn.

INDUSTRIAL DENTISTRY

Chairman, C. A. E. McCabe; Ray Carson, V. Dube, Gaston Lajoie.

NECROLOGY

Chairman, Don W. Gullett. Also all Provincial Registrars.

HOUSING COMMITTEE

Chairman, R. P. Lowery; H. W. Reid, G. V. Fisk.

PROGRAM COMMITTEE

Chairman, Wm. Miller; *Secretary*, C. M. Whitworth; *Treasurer*, D. J. Sutherland — all at 218 Medical-Dental Bldg., Vancouver, B.C.

FOR HONORARY MEMBERSHIP

S. W. Bradley.

NOMINATING

NOTE: After receiving the above report the Chairman called for further nominations. There being none, the Chairman requested the Secretary to cast one ballot in each case for the elected officers and declared each elected for the ensuing year or until their successors were elected. The report was unanimously approved.

ELECTION OF NOMINATING COMMITTEE

The President called for nominations for the Nominating Committee with the result that the following were elected:

G. L. Cameron, Ottawa, *Chairman*

B. Powell, Calgary

G. Ratté, Québec

A. J. Coughlan, St. John, N.B.

S. J. Phillips, Oshawa.

MEMBERS OF RESOLUTIONS COMMITTEE: H. BADEN POWELL, Calgary, Alta.; A. J. COUGHLIN, Saint John, N.B.

REPORT

Your Resolutions Committee presents the following resolutions:

1. **Eastern Ontario Dental Association**

The Board of Governors of the Canadian Dental Association in session at the Chateau Laurier, Ottawa, wish to express appreciation and thanks for the capable and efficient manner in which arrangements have been made for our Annual Meeting.

2. **Manager, Chateau Laurier Hotel, Ottawa**

The Officers and members of the Canadian Dental Association offer their grateful thanks and deep appreciation to you and through you to your staff for the many courtesies and the excellent services shown us on the occasion of our Board of Governors meeting.

3. **Ladies' Convention Committee**

The Board of Governors of the Canadian Dental Association meeting in Ottawa at the Chateau Laurier desire to express to you their thanks for the kind efforts on behalf of the visiting ladies.

4. **Rev. L. A. Griffiths, Minister, Chalmers United Church, Ottawa**

The Board of Governors of the Canadian Dental Association in session at the Chateau Laurier wish to express to you their sincere thanks for the beautifully worded address and invocation delivered by you at our opening session on Wednesday, September 19th, 1951. It will be long remembered by the members of the Board of Governors.

5. **Press**

The Board of Governors of the Canadian Dental Association in session at the Chateau Laurier, Ottawa, desire to express their thanks to the Canadian Press Association, Le Droit, The Ottawa Citizen, The Ottawa Journal, and the British United Press our sincere thanks for the excellent coverage of our proceedings.

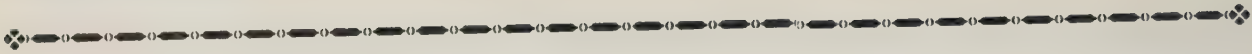
6. **Report Y, Resolution from Royal College of Dental Surgeons of Ontario**

The Resolution Committee recommends that the resolution be received and the Secretary of the Canadian Dental Association write a letter thanking the R.C.D.S. for sentiments expressed. (The resolution referred to here was received from the Royal College of Dental Surgeons, thanking the Association for the space allotted in the headquarters.)

7. **Federal Departments**

That the Canadian Dental Association through its Secretary commend the Departments of National Health and Welfare, Veterans Affairs and National Defence for their splendid cooperation.

NECROLOGY



MEMBERS OF THE NECROLOGY COMMITTEE: DON W. GULLETT, Chairman, Toronto, Ont.; R. L. PALLEN, Vancouver, B.C.; R. A. ROONEY, Edmonton, Alta.; L. J. D. FASKEN, Regina, Sask.; J. F. MORRISON, Winnipeg, Man.; DENIS FOREST, Montreal, P.Q.; S. K. WETMORE, Saint John, N.B.; G. M. DEWIS, Halifax, N.S.; HEATH McINTYRE, Charlottetown, P.E.I.; E. P. KAVANAGH, St. John's, Nfld.

REPORT

Your Committee reports with regret the loss of the following members since the last meeting:

Adams, George Arthur Maurice	-	-	-	-	-	-	-	Toronto, Ont.
Adams, M. E.	-	-	-	-	-	-	-	Magog, P.Q.
Allen, George Powell	-	-	-	-	-	-	-	Mount Forest, Ont.
Beaumont, L.	-	-	-	-	-	-	-	Québec, P.Q.
Bezeau, F. G. J.	-	-	-	-	-	-	-	Vancouver, B.C.
Brereton, Ewart Lount	-	-	-	-	-	-	-	Barrie, Ont.
Bright, Robert James Rose	-	-	-	-	-	-	-	Bobcaygeon, Ont.
Caldwell, Gordon Conant	-	-	-	-	-	-	-	Belleville, Ont.
Campbell, Archibald Girvin	-	-	-	-	-	-	-	Wallaceburg, Ont.
Carver, John Kenneth	-	-	-	-	-	-	-	Montreal, P.Q.
Corlett, Howard Maxwell	-	-	-	-	-	-	-	Toronto, Ont.
Cowen, Robert Hamilton	-	-	-	-	-	-	-	Kingston, Ont.
Desjardins, J. L.	-	-	-	-	-	-	-	Trois Pistoles, P.Q.
Devine, Clement Jason	-	-	-	-	-	-	-	Beaverton, Ont.
Devine, Evan Wellington	-	-	-	-	-	-	-	Orillia, Ont.
Devitt, James Carroll	-	-	-	-	-	-	-	Bowmanville, Ont.
Dewar, Hugh Vernon	-	-	-	-	-	-	-	Toronto, Ont.
Dobson, John Elwood	-	-	-	-	-	-	-	Toronto, Ont.
Downe, Frederick Norman	-	-	-	-	-	-	-	Sudbury, Ont.
Duffin, Harry Clifton	-	-	-	-	-	-	-	Toronto, Ont.
Eaid, Bruce Edward	-	-	-	-	-	-	-	Simcoe, Ont.
Elliott, Robert Riddell	-	-	-	-	-	-	-	Dutton, Ont.
Fitzpatrick, Charles Alexander	-	-	-	-	-	-	-	Toronto, Ont.
Fleming, John Albert	-	-	-	-	-	-	-	Prescott, Ont.
Fowler, Howard	-	-	-	-	-	-	-	Clinton, Ont.
Frawley, Gordon Leigh	-	-	-	-	-	-	-	Toronto, Ont.
Gougeon, O.	-	-	-	-	-	-	-	Montreal, P.Q.

Hand, John Rowland	- - - - -	Ottawa, Ont.
Harris, Kenneth Robert	- - - - -	Toronto, Ont.
Higgins, J. K.	- - - - -	Saint John, N.B.
Huffman, Ralph W.	- - - - -	Long Branch, Ont.
Kerr, John James	- - - - -	Cobourg, Ont.
Kline, Maurice	- - - - -	Edmonton, Alta.
Lacroix, A.	- - - - -	Québec, P.Q.
Landry, E. P.	- - - - -	Moncton, N.B.
Laporte, J. E.	- - - - -	Montreal, P.Q.
Le Blanc, Arthur H.	- - - - -	Moncton, N.B.
Legate, Mrs. Marjorie Elma (Milne)	- - - - -	Owen Sound, Ont.
Lillie, R. K.	- - - - -	Blairmore, Alta.
Little, Arthur Ernest	- - - - -	Owen Sound, Ont.
Lyman, O. A.	- - - - -	Calgary, Alta.
MacCrostie, J. R.	- - - - -	Vancouver, B.C.
MacGregor, Roy Gregor	- - - - -	Sarnia, Ont.
Maclean, William Alexander	- - - - -	St. Catharines, Ont.
Marshall, William Russell	- - - - -	Toronto, Ont.
Martin, Oliver	- - - - -	Ottawa, Ont.
McBride, Charles Wilson	- - - - -	Kingston, Ont.
McKeown, George Herbert	- - - - -	Ottawa, Ont.
Miller, W. P.	- - - - -	Tomahawk, Alta.
Mitchell, Harold F.	- - - - -	Vancouver, B.C.
Moore, Frank H.	- - - - -	Victoria, B.C.
Musgrove, R. G.	- - - - -	The Pas, Man.
Nicholls, Bruce Franklin	- - - - -	Toronto, Ont.
Orr, J. M.	- - - - -	Verdun, P.Q.
Oxner, W. C.	- - - - -	Halifax, N.S.
Paton, J. R.	- - - - -	Vancouver, B.C.
Peterson, Morris E.	- - - - -	Chesley, Ont.
Pottinger, E. L.	- - - - -	Vancouver, B.C.
Proctor, A. E.	- - - - -	Winnipeg, Man.
Purdon, C. C.	- - - - -	Estevan, Sask.
Reid, A. B.	- - - - -	Victoria, P.E.I.
Renwick, George Edgar	- - - - -	Lakefield, Ont.
Rosen, Samuel	- - - - -	London, Ont.
St-Germain, H.	- - - - -	Montreal, P.Q.

NECROLOGY

Scott, Norman H.	-	-	-	-	-	-	-	Vancouver, B.C.
Semple, Hugh Arnold	-	-	-	-	-	-	-	Toronto, Ont.
Simms, F. C.	-	-	-	-	-	-	-	Edmundston, N.B.
Singer, J. W.	-	-	-	-	-	-	-	Montreal, P.Q.
Sloane, I. W.	-	-	-	-	-	-	-	Montreal, P.Q.
Snell, Charles Alvin	-	-	-	-	-	-	-	Toronto, Ont.
Sproul, Heber	-	-	-	-	-	-	-	Newcastle, N.B.
Steed, W. B.	-	-	-	-	-	-	-	Nelson, B.C.
Stern, J.	-	-	-	-	-	-	-	Montreal, P.Q.
Stewart, Archibald Alexander	-	-	-	-	-	-	-	Toronto, Ont.
Stratton, D. P.	-	-	-	-	-	-	-	Manitoba
Thibaudeau, Alcide	-	-	-	-	-	-	-	Montreal, P.Q.
Trigger, Theodore Clark	-	-	-	-	-	-	-	St. Thomas, Ont.
Van Dervoort, P. H.	-	-	-	-	-	-	-	Vancouver, B.C.
Vivian, Frederick William	-	-	-	-	-	-	-	Hamilton, Ont.
Walsh, C. H.	-	-	-	-	-	-	-	Winnipeg, Man.
Washington, Edwin D.	-	-	-	-	-	-	-	Vancouver, B.C.
Wathen, J. M.	-	-	-	-	-	-	-	Montreal, P.Q.
Will, John Ralph	-	-	-	-	-	-	-	Brantford, Ont.
Willmott, Walter Earl	-	-	-	-	-	-	-	Toronto, Ont.
Wilson, William Edgar	-	-	-	-	-	-	-	Hastings, Ont.
Winthrope, P. W.	-	-	-	-	-	-	-	Saskatoon, Sask.
Wintrobe, Louis Max	-	-	-	-	-	-	-	Toronto, Ont.
Worrell, J. F.	-	-	-	-	-	-	-	St. Andrews, N.B.
Wright, George Frederick	-	-	-	-	-	-	-	Trenton, Ont.
Yeo, R. J.	-	-	-	-	-	-	-	Whitemouth, Man.

SUMMARY OF SESSIONS

Six official sessions of the Board of Governors were held in the Chateau Laurier Hotel, Ottawa, beginning Wednesday afternoon September 19th and ending on Saturday afternoon September 22nd. All members of the Board were present.

In addition to the Official Provincial Representatives, the Editors, Chairmen of the various committees and a considerable number of individual members attended the sessions. Any member of the Association may attend the sessions of the Board and it was encouraging to find so many interested members attending this year.

The reports presented herein represent the work of the Association for the past year performed through the officials, editors and committees. At the Annual Meeting each report is referred to a reference committee for study. The reference committee brings the report back before the Board when it is discussed. The results of the discussion are presented in these transactions for the information of the membership. The policies of the Association are established in this manner.

It is hoped that all members will carefully peruse these transactions. Constructive criticism will be welcomed in respect to any points and may be addressed to any official or committee chairman directly or through the Secretary's Office.

ANNUAL MEETING OF THE ASSOCIATION

The Annual Meeting of the Association was held on Monday, September 24th, 1951, in the Chateau Laurier Hotel, Ottawa.

OFFICIAL GREETINGS FROM AMERICAN DENTAL ASSOCIATION

Dr. Le Roy Ennis, President-elect of the American Dental Association, addressed the meeting as follows:

"It is a distinct honour to participate in this Annual Session of the Canadian Dental Association and to bring you the official greetings and well wishes of the American Dental Association.

The great nations of Canada and the United States have long demonstrated a type of harmonious international cooperation which well could serve as a world-wide pattern in these unsettled and troublesome times. In all fields of activity, citizens of Canada and citizens of the United States have worked together closely, sharing knowledge and building toward common solutions of common problems. This is particularly true in the profession of dentistry. Great strides have been made in both nations in extending the benefits of modern dental science to their citizens. The development and progress of the dental professions of Canada and the United States have been strikingly similar.

It must be recognized, of course, that much remains to be done in strengthening the professional bonds linking dental practitioners of our neighbouring countries. The record of the past, however, is proof that we shall move on through the years to a greater degree of professional solidarity.

It is in the field of dental education that I believe we have achieved our greatest level of direct cooperation. Through the American Association of Dental Schools, leaders of dental education have laid a firm groundwork on which we can build. Today, nearly a third of the states of the United States accept without limitation the graduates of accredited Canadian dental schools. At present, your accrediting agency is working closely with the Council on Dental Education of the American Dental Association. I am certain that the conferences between these agencies, the wholesome exchange of ideas between the leaders of dental education will eventually lead to a full, unrestricted program of mutual recognition of all accredited dental schools in the United States and Canada. The achievements to date cannot be reviewed without paying tribute to the splendid work of the Canadian Dental Association and its leaders in dental education.

The action of the House of Delegates of the American Dental Association last year in authorizing the dental specialty boards in the United States to grant affiliate certificates to citizens of Canada is indicative of the trend

toward increased international cooperation in dental education and accreditation.

The free exchange of information regarding dental research, dental economics and trends in dental practice is also a major item in the cooperative program existing between the Canadian and the American Dental Associations. The officers of your national society have been more than generous in sharing their counsel with the officers of the American Dental Association. We, in the United States are indeed proud that your Secretary, Dr. Don W. Gullett, is an honorary member of the American Dental Association. It was by unanimous vote of our House of Delegates at Atlantic City last fall that Dr. Gullett was made an honorary member for "his outstanding contributions to the art and science of dentistry".

This excellent meeting of your Association is in itself a tribute to the work being carried on by Dr. Gullett and the other officers of your organization. Next month, October 15 to 18, the American Dental Association will hold its 92nd annual session at Washington, D.C. On behalf of all the dentists of the United States I should like to extend an invitation to each of you to attend this meeting. Meetings such as this one in Ottawa and that which will be held in Washington next month are concrete evidences of the continued growth and progress of dentistry in our respective nations. Through international cooperation, I am certain that we shall continue to move forward, carrying out the great responsibilities entrusted to our profession."

ADDRESS OF PRESIDENT

Presented at the Annual Convention of the Canadian Dental Association in Ottawa, September 24, 1951, by R. P. Lowery, D.D.S., F.A.C.D., Toronto, Ontario.

According to the by-laws of the Canadian Dental Association the President must address the Association at its Annual Meeting. In fulfilling that obligation, I hope I may leave with you a few significant thoughts.

Dentists, in the main, are imbued with a sense of the high importance of their profession in the national life. In the main, too, they are convinced that this high importance can best be made evident by a minimum of controls upon the individual and upon the organization. They do not take kindly to the intrusion of the totalitarian concept into the profession of dentistry. They believe that the wise exercise of freedom of choice can still best serve the individual, the whole profession, and the community at large.

On the other hand, however, we must admit that with the ranks of our Canadian organization there are some disturbing factors. There are those, not many I grant, who are seemingly enamoured with the idea of state control. They may be fatalists who have come to think that this is the ordained order of things for the future and that it is futile to resist or attempt constructive

ANNUAL MEETING

direction to the movement. They may be those who very simply lack initiative and progressiveness: They are satisfied to be "pushed around". Then there is also within our ranks that minority group, found everywhere, individualists, selfish at heart, who are unwilling to give of their time, their money, or their services to the good of the profession at large.

Now, what should be, and I believe in are, the high guiding principles of our Association? I suggest to you three of them. Firstly, Dentistry is essentially a health profession. We are dentists primarily to safeguard the health of the people. Secondly, this organization must base its true strength upon the ideal of Service and Sacrifice. Within our ranks, unheralded and unsung, is a goodly company of dentists who give of their time and talents simply in order to be of service. The members of the twenty-six committees whose reports we have just heard and considered will illustrate in part my point. There is, too, that goodly company of able teachers in our faculties of dentistry who at no little financial sacrifice to themselves, best serve their profession in either full or part time capacity. Likewise, too, there is that far more numerous company of dentists, who, though not privileged to give leadership either in their local or national organizations, actively support through their encouragement, those who are privileged and honoured to give that leadership. Within our organization, also, are the keen minds who through the medium of disinterested research are contributing abundantly to the profession at large. There are those with editorial and administrative abilities. They are ever our challenge and encouragement. They hold us in their debt. Among our undergraduates as well, we must not be unmindful of those who are willing to go the extra mile. In this connection I should mention those who entered the War Memorial Scholarship Contest and especially those two distinguished first and second prize winners: Dr. M. A. Kamiensky of the University of Toronto and Dr. V. P. Gilbert of McGill University. Thirdly, and perhaps most important, the dentist must cherish and keep inviolate the ideal of the good citizen. True he must be well skilled in his work; he must jealously safeguard the landmarks of professional ethics; he must be beyond and above political, racial, or religious discrimination.

There are no doubt some thoughts and actions, expressed during a year's activity which have a somewhat disturbing and unsettling effect on our real concept of the worthiness of our efforts as a health organization. Let us remember that through it all there runs the golden thread of sincerity which if held to and followed will lead to our ultimate goal. And in the long run, society will judge the individual dentist according to the degree in which he fears God, honours the King, cherishes his human freedom and uses it wisely in sacrificial service.

In conclusion, ladies and gentlemen, let me thank you warmly and sincerely, for your confidence in electing me to this high and important office. It has been an enviable privilege to work with you and to learn to know you. That has been for me a reward without money and without price.

PRESENTATION OF HONORARY MEMBERSHIP

The Secretary spoke as follows in making the presentation:

No man is more worthy of any honour in our power to give than Dr. Sydney Wood Bradley of Ottawa. He has actively supported every cause for the good of dentistry for nearly half a century. To only a few is known how generous to his profession he has been over the years, for he is a modest man and has specified repeatedly that many of his actions are conditional in that no recognition is to be given him in any way.

All know that he has always been ready to assume responsibility when it was made apparent to him as a task he could best do. He has occupied many positions in organized dentistry among which are the following:

President Ottawa Dental Society in 1920.

President Eastern Ontario Dental Association in 1935.

President Canadian Dental Association 1922-24 after serving a term as Secretary of the Association. He served for eight years on the Board of the Royal College of Dental Surgeons, occupying the office of President 1945-47. All these positions he served with distinction. One of his best qualities is that his interest remains with the organization and he continues to serve after he relinquishes office. He is also an honorary member of the Ontario Dental Association and a fellow of the American College of Dentists.

We do not hold it against him because he chose to be an orthodontist because he is careful to state that he is first a dentist and secondly an orthodontist. He represents a local boy who made good in his home area, which is not always the easiest place. He was born at Hazeldean, a place which after some difficulty we find is in this county wherein we are meeting. We would not forget his good wife for no husband could have made such contribution without the backing of his help-mate.

In doing honour to him today we honour ourselves. We trust that he and Mrs. Bradley will have many many years of health and happiness yet to come.

And now, Syd, the President has given me the honour of presenting this Honorary Membership Certificate to you on behalf of the Officers and Members of the Canadian Dental Association. It is indeed a most happy occasion for all of us in that we can present you with this small token of recognition.

In response Dr. Bradley thanked the Association and stated that he considered the honour bestowed one of the high-lights of his life.

INSTALLATION OF NEW PRESIDENT

Dr. Harvey W. Reid, Past-president of the Association acted as Installing Officer and carried out his duties in the following manner:

ANNUAL MEETING

It is a great privilege to preside at this Installation Ceremony and may I extend my appreciation to the Executive Committee.

Once a year the Canadian Dental Association changes its leaders. There are those who think it should be each two years. With them, I do not agree. True—there is so much to be done and so little time to do it but this makes for enthusiasm and drive—qualities so essential in a big organization such as ours. Again the demands on the time of your President during his term of office are so heavy that many, who are qualified would not be able to accept the honour if it were a two year term.

And now the time has arrived for me to introduce to you, your new President.

Dr. Harold Cline was born in Victoria, B.C.—received his public and high school education in Vancouver. He continued his education in other parts of Canada, England and France from 1916-1919 where he served with distinction as a drummer boy and buck private with the celebrated Seaforth Highlanders. On his return he entered dentistry at the University of Toronto and graduated in 1924. With the exception of one year in Chicago he has practised continually in Vancouver. He has been President of the Vancouver Dental Society, President of the B.C. Dental Association, Counsellor from B.C. on the Pacific Coast Dental Conference for many years and since 1948 he has been 1st Vice-president of that fine organization. He is a fellow of the American College of Dentists. He has been a member of the Board of Governors of the C.D.A. for 4 years. He is an active member of the Rotary Club.

Dr. Cline brings to his position a wealth of experience, the highest regard of his confreres and a record of excellent service.

And now, Harold, it is my pleasure to present to you your robes of office and install you as President of the Canadian Dental Association. I, congratulate you, Sir, and charge you with the responsibility of leading this great organization for the ensuing year. May God guide you and bless you.

Ladies and Gentlemen . . . Your New President.

Dr. Cline made the following reply:

Mr. Chairman, Honoured Guests, Ladies and Gentlemen: I, too, have my wife in front of me as a Board of Censors and probably I am a little bit nervous about this deal—it doesn't happen very often to a man.

It would seem that Dr. Reid has had to draw on his imagination to a marked degree to gain the information that he has presented to you. However, I do thank him and I must put it this way, as Dr. Ernie Charron might: "No Comment—Period."

It is with a keen sense of responsibility that I assume the duties of President of this great Canadian Association. The structure that we now behold as the Canadian Dental Association is one that was built on sound foundations at great personal sacrifice by the past Officers, Committee Chairmen, Committee men, and other personnel. It has been strengthened in good will,

friendliness and cooperative spirit until now I believe there has been fashioned a structure that is a compliment to the dreams and sacrifices of past workmen. It is up to you and me to keep this edifice in a state of good repair.

One cannot assume such high office without feeling most inadequate to discharge in proper manner the many duties consequent upon it. However, it is a source of great comfort to me to view the team which I have to work with—the Board of Governors, the Committees, the Committee Chairmen, the Headquarters Personnel and, with us too, a grand profession. One could not ask for a finer group. Some shortcomings of accomplishment must of necessity exist, as with me. I hope mistakes or misdirections given will be viewed with a degree of tolerance.

I could not go further without paying a compliment to the arrangements by the E.O.D.A. now unfolding before your eyes. It was a revelation to me last night to sit in at that beautiful concert in this fine ballroom. The crowd that was here was a compliment to the Arrangements Committee and I am sure they were well repaid for their visit here last night. That is a beautiful way to open the Convention.

The Reception Committee is very active. The main rotunda today was buzzing all the time—you could pass there and meet all of your friends. As a matter of fact when you were in a hurry sometimes it was a little difficult to meet your objective on arranged time.

You were also very kind, I must say, in staging for we people from British Columbia, and particularly Vancouver—I was going to say a thunder storm, but I guess it was just a little rain storm. We appreciate that, too, because we, on the west coast, are a little bit behind on that this year.

Next year is to be the 50th Anniversary of the C.D.A. as you all know. Proper recognition of this fact is to be given all across Canada. Part of this celebration is a Joint Convention, in cooperation with the British Columbia Dental Association, to be held in Vancouver, June 15th, 16th and 17th and the 18th and 19th, too. Make this a MUST for next year. Come, visit us, and we will try to make your stay welcome.

Now, Mr. Chairman, that I have entered the halls of the mighty, so to speak, in a very modest manner, I hope I shall pause and look around a bit so Perc Lowery may finish the job he started out to do. He has another six weeks to go before finishing his term of office.

I cannot sit down, however, without bespeaking a full measure of support on behalf of those you have named to guide your affairs for the coming year. This, I know will be forthcoming and we will try at the proper time to report to you another successful year in the C.D.A. affairs.

REMARKS OF DR. H. W. REID, INSTALLATION OFFICER, TO DR. R. P. LOWERY

This has been a year of real progress in our Association. We have been

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given outstanding leadership by our President. He has travelled from coast to coast addressing some 39 provincial and local organizations. He has attended some 150 committee meetings—some of one day, some two day duration. Yes, a certain dental office in the west end of Toronto has suffered badly but the affairs of this Association have been paramount in Perc's mind. There have been many things accomplished this year but I shall mention but one and that is the establishment of a new headquarters building. Those of you who have seen it, know, the pride you felt when you realized that this was Dentistry's own. It will always be said "This was achieved in Perc Lowery's year".

I should be very remiss, Perc, if I did not mention the wonderful assistance you have received from your good wife. She has been most cheerful when you have been away from her so much. (I have called). (On the telephone). When appearing with you, she has been most gracious, intensely interested and so kindly in the discharge of her duties. We all appreciate it very much and to you, Garnette, may we now express our sincere thanks. Would you please stand.

And now, Perc, may we pin on you this badge of honour, your Past President's badge. I hope you will look upon it, not as a reward for a job well done but as a service stripe or as a mark of merit in a continuing service that this Association may be privileged to enjoy for many years to come.

It is the custom of a certain large firm in this city to make a presentation to visiting notables. This firm desires to remain anonymous. I shall certainly respect the wishes of the donor but I will tell you that they are the largest jewelry firm in Canada.

Your Convention Committee has decided that one Dr. Perc Lowery is the most distinguished personage visiting the Capital at the present moment. So, on behalf of the donors and the Convention Committee, I have much pleasure in presenting to you, Perc, this cigarette case engraved with the Coat of Arms of Canada.

OPEN SESSION

President Lowery declared the meeting open for business.

The proposed changes in the Constitutional By-Laws were presented by the Secretary as follows:

Under the By-laws of the Canadian Dental Association, any amendments to the Constitutional By-laws must be presented to the Annual Meeting of the Association for consideration. Two minor amendments were made this year by the Board of Governors.

1. Wherever the words "Vice President" appear they were deleted and in their place the word "President-elect" is inserted.
2. Article V was changed to read as follows:

"There shall be an Executive Committee of the Association which

ANNUAL MEETING

shall consist of the President, President-elect, Immediate Past President, and two other members elected from the Board of Governors."

The only change made in this By-law is that the former By-law read "There shall be an Executive of the Association which shall consist of the Officers of the Association" and in this amendment the Officers are named.

These amendments are submitted with the approval of the Board.

APPROVED

There being no further business the President declared the meeting adjourned.

TRANSACTIONS

OF THE

CANADIAN DENTAL

ASSOCIATION



DENTAL LIBRARY
TORONTO

ANNUAL MEETING
HOTEL VANCOUVER
VANCOUVER, B.C.
JUNE 11-14, 1952

TRANSACTIONS
OF THE
CANADIAN DENTAL
ASSOCIATION



ANNUAL MEETING
HOTEL VANCOUVER
VANCOUVER, B.C.
JUNE 11-14, 1952

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BOARD
OF
GOVERNORS

OFFICIALS

1951-1952

Officers

<i>President</i>	- - - - -	- HAROLD M. CLINE, Vancouver
<i>Immediate Past-President</i>	- - - - -	- R. P. LOWREY, Toronto
<i>President-elect</i>	- - - - -	- GUSTAVE RATTE, Québec, P.Q.
<i>Secretary-Treasurer</i>	- - - - -	- DON W. GULLET, Toronto

Executive

HAROLD M. CLINE, R. P. LOWREY, G. RATTE,
A. J. COUGHLAN, R. R. McINTYRE

Board of Governors

HAROLD M. CLINE	- - - - -	1428 Medical-Dental Bldg., Vancouver B.C.
R. R. McINTYRE	- - - - -	714 Greyhound Bld., Calgary, Alta.
J. P. WHYTE	- - - - -	Swift Current, Sask.
K. M. JOHNSON	- - - - -	314 Somerset Bldg., Winnipeg, Man.
HARVEY W. REID	- - - - -	195 Yonge St., Toronto, Ont.
S. J. PHILLIPS	- - - - -	121½ Simcoe St. S., Oshawa, Ont.
R. P. LOWREY	- - - - -	19A Glendonwynne Rd., Toronto, Ont.
C. MURRAY PURCELL	- - - - -	98 Pembroke St. W., Pembroke, Ont.
GUSTAVE RATTE	- - - - -	140 rue St-Jean, Québec, P.Q.
A. G. RACEY	- - - - -	1414 Drummond, Montréal, P.Q.
A. J. COUGHLAN	- - - - -	20 Dorchester St., Saint John, N.B.
G. M. DEWIS	- - - - -	269 Cottingen St., Halifax, N.S.
J. P. MILLAR	- - - - -	Charlottetown, P.E.I.
W. L. GOODWIN	- - - - -	Harbour Grace, Conception Bay, Nfld.



SUMMARY OF SESSIONS

Six official sessions of the Board of Governors were held at the Annual Meeting of the Board in Vancouver, June 11th—14th, 1952. In addition to the Official Provincial Representatives, the Editors, Chairmen of the various committees, and a considerable number of individual members attended the sessions.

In these transactions the reports which were presented at the Meeting are published. For purposes of clarity the reports appear in amended form and as approved at the Meeting. Following each report will be found the comments and recommendations, other than those made in amending the reports, by the Board of Governors.

The complete list of newly elected officials for the year 1952-53 will be found in the Report of the Nominating Committee. The Annual Association Meeting took the form of a luncheon on Monday, June 16th, when the President gave his annual address. This address together with other presentations made at the Annual Meeting appear in the final pages.

REPORT OF PRESIDENT TO BOARD OF GOVERNORS

It seems such a short time since the last meeting of this Board of Governors. During the intervening time I can assure you that your officers and committees have been very active. This is from necessity, for it is particularly difficult to crowd into a term of duty of 9 months what would ordinarily be considered a full year's assignment. This has required a high degree of cooperation between the headquarters personnel, your Secretary and officials to properly do justice to the normal business of the Association, to organize the Convention and suitably recognize the 50th Anniversary.

1. We have two changes in the Board of Governors in the persons of Dr. Goodwin of Harbour Grace, Newfoundland, who replaces Dr. E. P. Kavanagh, and Dr. L. M. Callbeck of Summerside, P.E.I. who replaces Dr. Millar of Charlottetown. On your behalf I desire to welcome Dr. Callbeck to this Board and in the absence of Dr. Goodwin I would also welcome Dr. W. C. King, the alternate delegate from Newfoundland. We wish to assure them that we are very anxious that they enter fully into the discussions and decisions of the Board. To Dr. E. P. Kavanagh, the first representative from Newfoundland I express the appreciation of the Board for his excellent work.

2. President's Visitations

One of the first official and I may say very pleasant duties your President had to perform was to present on behalf of the Toronto Academy of Dentistry honorary membership in that organization to one of our highly respected Past Presidents in the person of Dr. Harvey W. Reid. This took place on October 15, 1951, at a dinner meeting held in the Royal York Hotel. As I stated at that time "This method of showing recognition to selected members leaves in your hands that which cannot be bought or which should not be sought. It is therefore all the more precious to give and all the more appreciated by the recipient".

This function was the start of a visitation trip that took me in company with our secretary, Dr. Gullett, to the following centres: Montreal (College of Dental Surgeons of the Province of Québec); the Dental Societies and Associations in the following centres: Drummondville, Québec; Fredericton, New Brunswick; St. Johns, Newfoundland; Halifax, Nova Scotia; Charlottetown, Prince Edward Island; Moncton, New Brunswick; Québec City, Québec; and to the Dental Schools at McGill University, University of Montréal, and Dalhousie University.

Immediately preceding the Executive Meeting in February visitation was made in company with other members of the Executive to the University of Toronto senior students. On the way home from the Executive Meeting I visited with the Calgary Dental Society, the Edmonton Dental Society, and

the students at the University of Alberta. At this time I was accompanied by Dr. Miller, a member of the Council on Dental Education, who spoke with me at each of these meetings. Opportunity was also presented en route on two occasions to visit the headquarters of the American Dental Association as your representative.

Dr. Ratté, President-elect, was requested to attend on your behalf two Dental Societies in Montréal, namely the Montréal Dental Club and La Société Dentaire de Montréal. This he very ably did and my thanks are herewith accorded to him.

You will note from the above that considerable visitation took place with Dental Societies. Your wish to visit all five dental schools has been carried out.

On these visitations I was particularly impressed with the high regard in which the C.D.A. is held and the very friendly reception accorded on all occasions. While paying full tribute to the valuable contacts that have been made by my predecessors in office I attribute this in great measure to the friendly, courteous and understanding attitude of our Secretary, Dr. Gullett. I take this opportunity to accord him my thanks for his guidance to me and services to the Association.

No matter how efficient might be headquarters administration the visitation procedure fairly and properly carried out has considerable merit. By this means the C.D.A. becomes more personal, not just a report nor a pamphlet nor a name, valuable as they all may be.

3. Responsibility of Members of the Board of Governors

I am impressed with the fact that representatives on the Board of Governors should be responsible to a greater degree for acquainting their membership by personal contact with the affairs of the C.D.A. and give more directions from their province to the C.D.A.

4. In addition to the visitations noted I was privileged to attend the meetings of the following Committees: Publications, Public Relations and the Council on Dental Education. This is not easily arranged when your President is at a distance from headquarters.

5. It is worthy of comment that the agreement on the Pension Trust Plan has been signed and contacts are now being made by the Professional and Industrial Pensions Limited, the company formed to operate the scheme. On my visitations, as much information as possible was given to the various bodies on this matter. Very keen interest was widely manifest and it would appear that this venture of the C.D.A. will be a great boon to many of its members.

6. The National Examining Board is another effort on which this Association has embarked and which we hopefully expect will bring harmonious agreement between the provinces. This matter will be dealt with in detail by the proper committee.

7. The importance of public relation is receiving thoughtful consideration,

PRESIDENT

for the profession is at the crossroads of public opinion. It is necessary to have the public properly informed on dentistry. You will note the decision of the Convention Committee to include in its program a meeting open to the general public and covering subjects of particular interest to their problems. Due recognition is accorded the American College of Dentists for the donation of a copy of their film "A Career in Dentistry" and to the University of Toronto Alumni Association for the film strip "Dentistry as a Career".

8. The 50th Anniversary is receiving much attention and recognition in different parts of Canada. It is also being prominently publicized through the Convention and the Anniversary Number of the Journal will form a permanent record of this important event.

It is a happy situation that the C.D.A. has progressed from its inception to the stage we see pictured in this fine Convention being held at such a distance from the city of its birth and bringing together dentists and their wives from such widely scattered parts of Canada and the United States. To the British Columbia Dental Association I extend your thanks for their wholehearted cooperation in this effort and through them the ladies and dentists who have given unstintingly of their time for this purpose.

9. We still have the problem of lack of dental personnel and conversely training facilities. The C.D.A. neglects no opportunity to press for improvements in these conditions.

10. Health Insurance is temporarily quiescent but there is no telling when it will again rear its head. Your Committee is ever alert to its possibilities.

11. Your new headquarters is now operating in high gear and harmony. As one looks back one must inevitably wonder how, before the coming of the new headquarters, so much was accomplished with so little.

12. We are all conscious of the very high regard in which our Secretary is held. Others have recognized this by conferring honorary membership in the American Dental Association, British Dental Association, and he is now Chairman of an important Government Committee. He is being sent on your behalf to attend the London Congress, the Federation Dentaire Internationale, and to visit the centres throughout Europe. We wish him well on this trip and request that he carry with him our good offices to both these bodies for highly successful meetings, and our good-will messages to the centres he will visit. These are just a few of the ways in which his work is manifest and appreciated.

13. By mentioning certain committees it is not my intention to encroach in any way on reports of these committees nor to disregard the workings of others, but rather to make comment on some activities that might be in sharper focus at the present time. We are very fortunate in the chairmen and personnel of our committees and at this time I pay homage to them.

14. I would like to leave the thought with you that much has been accomplished but there remains much to be done. Do not think that you should

slacken your efforts or obscure your vision as to the possibilities of the profession of dentistry and the importance of the Canadian Dental Association to the public and to the profession.

COMMENT AND ACTION

Preface

We are cognizant of the time element during the President's term of office. He had twelve months' work to do in the space of nine.

His energy and enterprise in its successful accomplishment are heartily commended.

1. Agreed and we recommend to the Board that a letter be forwarded to Dr. E. P. Kavanagh expressing appreciation for his services to the C.D.A.
2. (a) We recommend that a letter of congratulation be forwarded to Dr. Harvey W. Reid of Toronto upon his recent honour.

We recommend that when any outstanding honour is conferred upon a dental practitioner, the provincial representative will notify the C.D.A. Secretary, who will send a suitable letter of congratulation.

(b), (c), (d), & (e)

We wish to commend the President upon his arduous visiting schedule. The visitations to the five dental schools are felt to be of supreme importance. It is suggested that this procedure be continued as a policy.

Recommendations

1. That the Deans of the Dental Schools be notified of the visit of the President of the C.D.A. to their respective schools in sufficient time for proper coordination of student cooperation.
2. That when notification of the President's visit is forwarded to the provincial secretaries a list of C.D.A. topics be enclosed. The provincial secretary be asked to choose what topics are of most interest to the dental societies concerned so that they may be noted.

That in the planning of the visitation schedule, the President's burden should be lightened by making more use of the President-elect.

(f) Heartily concur.

(g) We feel that the periodic personal contacts made by the heads of our organization upon their annual visitations are the keystones of goodwill within the C.D.A.

3. We concur with the President's suggestion of closer liaison between the Board of Governors and the membership.

PRESIDENT

4. We feel that when the time and space element are favourable it is of great value for the President to sit in for a meeting with a Standing Committee.
5. & 6. The officers of the Association are to be commended for launching the Pension Trust Plan. The finalizing of the National Examining Board is a milestone in the history of dentistry.
7. The place on the program for the general public to attend is an innovation and if successful should be continued.
8. Section (b) We wish to direct the attention of the Resolutions Committee to the reference to the British Columbia Dental Association for their suitable action.
9. The rapidly growing population of Canada is bringing in its wake the problem of the need for increased dental care. The lack of an adequate dental personnel to cope with the demand is obvious. We recommend continued alertness and study.
10. We commend the Health Insurance Studies Committee for their watchful study.
11. The Headquarters is a credit to the profession. It is a pleasure to note the efficiency and business like manner with which the C.D.A. affairs are being administered.
12. The whole profession is in agreement with the President's sentiments in respect to the ability and efficiency of our hard working Secretary, Dr. Don Gullett.
13. & 14. We concur.

The report of the President is characterized by its brevity and lucidity which in turn reflects the man himself. His keen and active mind had much to do with shaping and moulding the policies of the C.D.A. during the past few years, culminating in his term of high office.

Business efficiency is not all; his sense of the value of human relationship is indicated by the deep personal interest displayed throughout his numerous visitations.

We commend the President for the excellent report of his stewardship realizing the sacrifice of time and energy for the ultimate good of our great organization.

APPROVED.

MEMBERS OF THE NECROLOGY COMMITTEE: DON W. GULLETT, Chairman, Toronto, Ont.; R. L. PALLAN, Vancouver, B.C.; R. A. ROONEY, Edmonton, Alta.; L. J. D. FASKEN, Regina, Sask.; J. F. MORRISON, Winnipeg, Man.; DENIS FOREST, Montreal, P.Q.; S. K. WETMORE, Saint John, N.B.; G. M. DEWIS, Halifax, N.S.; HEATH McINTYRE, Charlottetown, P.E.I.; E. P. KAVANAGH, St. John's, Nfld.

REPORT

Your Necrology Committee reports with regret the loss of the following members since the last meeting:

Allard, Wilfrid	-	-	-	-	-	-	-	Montréal, Que.
Belden, George Franklin	-	-	-	-	-	-	-	Virginia, Ont.
Braund, Stanley	-	-	-	-	-	-	-	Peterborough, Ont.
Cameron, Lister Hugh	-	-	-	-	-	-	-	Antigonish, N.S.
Campbell, Alexander Hugh Lewis	-	-	-	-	-	-	-	Vancouver, B.C.
Carruthers, Wendell C.	-	-	-	-	-	-	-	Saint John, N.B.
Clarkson, Charles Harold	-	-	-	-	-	-	-	Toronto, Ont.
Davy, William Clark	-	-	-	-	-	-	-	Morrisburg, Ont.
Day, Harry Roy	-	-	-	-	-	-	-	Medicine Hat, Alta.
Dayment, Frank Lethbridge	-	-	-	-	-	-	-	Toronto, Ont.
Elliott, Wilkinson Foster	-	-	-	-	-	-	-	Toronto, Ont.
Elliott, William Stoddart	-	-	-	-	-	-	-	Atikokan, Ont.
Epp, Benjamin	-	-	-	-	-	-	-	Newtonbrook, Ont.
Follick, Frederick Rea	-	-	-	-	-	-	-	St. Mary's, Ont.
Fontaine, F.	-	-	-	-	-	-	-	Malartic, Qué.
Forest, Achile	-	-	-	-	-	-	-	Montréal, P.Q.
Fujiwara, Asa Jiro	-	-	-	-	-	-	-	North Kamloops, B.C.
Gibson, Orlando Kingsley	-	-	-	-	-	-	-	Ottawa, Ont.
Gourlay, John	-	-	-	-	-	-	-	Barrie, Ont.
Hamilton, Richard S.	-	-	-	-	-	-	-	Brussels, Ont.
Harding, Harry Osborne	-	-	-	-	-	-	-	Yarmouth, N.S.
Holmes, LeRoy Hibbard	-	-	-	-	-	-	-	Toronto, Ont.
Hudson, Albert Henry	-	-	-	-	-	-	-	Timmins, Ont.
Hunter, William Harold	-	-	-	-	-	-	-	Orillia, Ont.
Kerr, Arnold Roy	-	-	-	-	-	-	-	Toronto, Ont.
Kent, E. E.	-	-	-	-	-	-	-	Lachine, Qué.
Kinney, R. S. (Major)	-	-	-	-	-	-	-	Regina, Sask.
Kirby, Hiram Horton	-	-	-	-	-	-	-	Hawkesbury, Ont.

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Landry, J. L. P.	- - - - -	Mont-Joli, Qué.
LeBlanc, Arthur H.	- - - - -	Moncton, N.B.
Leduc, A.	- - - - -	Hull, Qué.
Leduc, J. L. A.	- - - - -	Rimouski, Qué.
Mason, Arthur Benjamin	- - - - -	Edmonton, Alta.
McBain, Wallace Ward	- - - - -	Port Colborne, Ont.
McEwen, Alma Lillian	- - - - -	Toronto, Ont.
McLachlan, Arthur L.	- - - - -	Carman, Man.
Mitchell, Margaret Mary (Currie)	- - - - -	Toronto, Ont.
Mitchener, Harry Leonce	- - - - -	Barrington, N.S.
Montgomery, A. R.	- - - - -	Winnipeg, Man.
Piche, Georges	- - - - -	Montréal, Qué.
Reeves, Charles Milton	- - - - -	Tweed, Ont.
Shepherd, Oswald George	- - - - -	Fort Qu'Appelle, Sask.
Spence, William George Evans	- - - - -	Listowel, Ont.
Tretheway, W. A.	- - - - -	Bridgewater, N.S.
Trudel, Robert	- - - - -	Louisville, Qué.
Winter, Lorne Main	- - - - -	Galt, Ont.
Zinkan, Edwin Ira	- - - - -	Toronto, Ont.
Zinn, Sylvester Herbert	- - - - -	Hanover, Ont.

REPORT

1. To any person the opportunity is given only once in a life-time to celebrate the Golden Jubilee of an organization of which he is a member. The history of the Canadian Dental Association has real importance in that it should act as a guide for the future. The mistakes of the past can become stepping stones by their avoidance. The achievements are but emanations for the future. The negation of circumnutations by the adoption of true and certain objectives should dominate our thinking in plotting the future. Progress is never accidental. The advancement of the profession will depend upon the time, effort and sacrifice made to that end by those upon whose shoulders the responsibility of office rests as well as the support and cooperation of the membership as a whole. Let us proceed in the second half of this century of progress for Canadian dentistry with renewed effort for greater achievement.

The Dentist as a Citizen

2. The member of a profession can ill afford to confine himself to the narrowness of his own profession amidst the rapidly changing society of today. It is said in some quarters that the professional man does not enjoy the prestige in the community he once enjoyed. Whether or not this be true, certain changes are taking place which should be carefully noted.

3. The dentist is an individualist. The trend of the last decade has been rapidly toward action in the mass. Individualism in many spheres appears to be a disappearing condition of life and with a lack of sense of importance of personal action. The spirit of frustration within the individual is exemplified in casual conversation wherever groups gather together. The tendency is to become dependent upon someone else, to allow leadership to rest on shoulders other than those educated to assume it and to side-step responsibilities even in the organizations which vitally represent us. It is a movement so gradual that it is scarcely recognized and in which the many are becoming shepherded by fewer and fewer. All but forgotten is the fact that the great things of life have originated from ideas and ideas originate with individuals. As representatives of individualism, dentists should alert themselves to this situation.

4. Speaking more directly in a professional respect and yet of the dentist as a citizen, incipient evidence is apparent that commercialism can find its way into professional activities. Nothing could be more disastrous to the stature of a profession. Need exists to constantly remind ourselves that in a profession, service stands first and gain, if any, second, while in commerce profit comes first and service, if any, second. The danger is that if the dentist acts in a commercial manner, then he eventually will be treated as a business man. The real reason for different classification lies in his attitude on this matter. The

SECRETARY

weight of evidence which may be presented on any occasion by representatives in support of the profession rests upon the ethical considerations of altruistic service.

Taxation and the Professional Man

5. More inquiries and suggestions are received relating to taxation than any other one subject. It would appear that study of this subject should be upon a broader aspect of the matter than has occurred in the past.

6. The taxation law almost completely ignores the fact that the life time earnings of the professional man are parabolic in nature. During the educational period, which is long and also in the earlier years of professional career, income, if any, is usually nominal or small. The curve then moves upward rather quickly, if he is successful, until a period of peak earnings is reached. The number of years for top earnings in the professional man's life is uncertain. However, it can be stated with absolute certitude that a precipitate drop occurs upon retirement or death.

7. By comparison, if the man engaged in commercial pursuits becomes ill or retires he experiences some diminution of income but neither wipes out his entire income. Even death does not do that. The capital in his business or other activity still remains and the income comes to his family. Death wipes out the income of the professional man for his entire capital investment is in himself and without him valueless.

8. The position of the professional man is comparatively even worse. The owner need only draw enough from his business to cover his personal living expenses upon which he pays personal income taxes. When the successful business man dies, his family can continue the business or dispose of it as desired but in any event realize many times the original investment.

9. The contrast with the successful professional man is marked. He pays a tax account estimated on the fiction that his highest income continues forever. He has no opportunity to divide his income between a corporation and himself. Too often the process ends with leaving the widow with only uncollected accounts receivable as her major assets.

10. The situation upon retirement is little different. The successful businessman can retire from his business and permit hired management to run it or sell it outright. By various legitimate means he has ploughed his earning back into his business and thus created a cushion for later life, avoiding high taxation through the years of his highest income, thus flattening out any incipient parabola in his income.

11. Curative measures for the equalization of opportunity for the professional man could be in the form of special bonds or pension arrangements. Tax free bonds for the purpose, non-saleable before age 60 or 65, except in case of death, would furnish a means of cushioning the older years of low income. Similarly non-taxable pension premiums would have the same effect. Effective safeguards could be formulated to avoid abuse.

Personnel

12. For the first time dental personnel slightly in excess of 5,000 is reported. The increase over a twelve year period is 886. The largest percentage increase has occurred in the last two years owing to larger graduating classes during the years 1950 and 1951. The next following graduating classes will be of normal size, so that until increased teaching facilities become available, small increases in personnel can be anticipated. The increase of dentists has not kept pace with the increase in population and consequently the ratio of dentists to population is not as good today as it was a decade ago.

13. The Council on Dental Education has studied this position and through the Executive resolutions pointing out the situation have gone forward to the proper authorities. Acknowledgements with expressions of interest on the part of some in the subject have been received.

Pension Trust Plan

14. The implementation of the Pension Trust Plan adopted at the last annual meeting has required more time than was anticipated. However full information is now in the hands of each member of the Association. The plan will be administered entirely separately from the Association with offices established at Brockville, Ontario. Under the contracts the interests of the membership are taken care of by the appointment of two trustees namely Doctors R. P. Lowery and P. G. Anderson. Apparent interest in the plan as indicated by inquiries received, is beyond expectation. It is hoped that the members of the Association will find in the plan a satisfactory basis for future security.

Publications

15. Publications form a vital function in any organization. In addition to the Journal, several publications have been distributed since the last annual meeting. Under the Health Insurance Studies Committee a pamphlet setting forth the place of prevention in dental health was widely distributed and favourably received, particularly by the laity. A Guide to Professional Conduct was published by the Ethics Committee and when distributed the reaction of the members of the Association was most encouraging. The 1951 Transactions were printed and distributed. A new directory has just been published which is a most popular publication. In the near future, a catalogue of the library will be distributed. These publications together with the flow of mimeograph material constitute the greatest list of publications in any one year of the Association's history.

Economics of Canadian Dentistry

16. The question of making an effort to study the economics of dental practice has been brought to the attention of this meeting annually for several years. Last year instruction was given the Executive to proceed with a survey. After consideration of a definite plan of action the Executive agreed to implement the plan but later postponed action.

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17. The question has been raised as to what use would the data be. The information gained would provide answers to questions in a large area where no knowledge is available at present. Suppositions are not of much practical use either for the providing of factual information or for guidance of Association activities. Data on the relationship of gross to net income over the last decade would have certainly proved valuable in answering a large share of today's criticism of the profession. To substantiate any financial arrangement for members of the profession with authorities, basic data is advantageous. Information should be available for members on the different types of practice, employment of personnel and many other points of similar character.

18. Sampling surveys conducted at intervals would establish these facts provided the cooperation of the membership was given. This latter point has been thought to be one of the potential stumbling blocks in the collecting of facts. Such surveys would necessarily be arranged on a confidential basis for the individual. The compiled data from the individual returns, to be useful, should be published.

National Examining Board*

19. At the time of writing this report the Bill for incorporation of the National Examining Board was before parliament. Every effort has been made to have the legislation enacted previous to the date of this Annual Meeting. Outline by-laws for the new Board have been drafted which are to be presented to the members of the Board when appointed. It has been considered best procedure to await the enactment of the legislation before proceeding further, however, there is no legal obstacle to beginning the operation of the Board previous to the passing of the Bill if considered advisable to do so. Such procedure would simply mean operating in a voluntary manner until corporate status is attained.

Civilian Defence

20. Activity in respect to civilian defence is now upon the municipal level with considerable variation across the country. In some municipalities active committees have been formed by dental societies in cooperation with the authorities while in others, no action has been taken. In the event of emergency members of the dental profession will be expected to fill an important role as outlined in this report last year. (See 1951 Transactions page 5) The importance of this matter has been brought to the attention of Corporate Members by means of a communication on the subject. Dental societies, particularly in larger centres, should offer their cooperative services in this preparatory work which could prove to be of such great importance.

21. The meeting of a future emergency is a dual problem in that military

*NOTE:—The Bill incorporating the National Dental Examining Board was passed by Parliament and became law on June 19th, 1952.

needs must also be met. Planning for this purpose is continuing under the Defence Medical and Dental Services Advisory Board.

22. The content of this report is informational in character and no definite recommendations are made herein.

COMMENT AND ACTION

We have considered this excellent report by sections rather than by paragraphs and our suggestions will come at the end of each section.

1. 2. 3. We recommend to the entire membership of the Association that
& 4. perusal and thought be given to the inspirational and philosophical character of these paragraphs. This is especially fitting on this, the occasion of the 50th Anniversary of the Association.
5. to 11. We consider these paragraphs a fair statement of contrast between the position of a business man and a professional man in the accumulation of retirement income and we recommend further study of the problem and of curative measures to place a dentist in a comparable position to groups who now enjoy better conditions.
12. & 13. Personnel. This report is very favourably received and we recommend that the Council on Dental Education continue its studies in this matter.
14. Pension Trust Plan. We congratulate the Executive Committee on their success in establishing this important service. We recommend that a schedule of rates for specimen cases at stated ages be provided for interested individuals and study groups for purposes of comparison and also that this plan be explained to dental students prior to graduation.
15. Publications. We note with pleasure the increase in the number and calibre of practical publications distributed by the Secretary's office.
16. 17. We agree in principle and recommend that the Executive reconsider
& 18. this matter. In the event of a survey being established we would point out that careful definition of what is required be stated and that terms which permit possible variation of interpretation must be avoided.
19. The National Examining Board. We note with interest the progress in this matter and suggest implementation at the earliest possible date.
20. & 21. We agree that all dental societies should continue to give their cooperation in this important work.
22. While the Secretary has not made any recommendations we have done so where we felt they were indicated.

We congratulate our Secretary on the informative nature and excellence of his report and we wish to encourage the members to give it every attention.

APPROVED

EXECUTIVE

MEMBERS OF EXECUTIVE COMMITTEE: HAROLD M. CLINE, Vancouver, B.C.; R. P. LOWERY, Toronto, Ont.; GUSTAVE RATTE, Quebec, P.Q.; A. J. COUGHLAN, Saint John, N.B.; R. R. McINTYRE, Calgary, Alta.

REPORT

Immediately following the last meeting of the Board of Governors your Executive met in Ottawa with the previous Executive. Such a meeting permits the outgoing Executive to dispose of business of immediate necessity, under its jurisdiction, and the incoming Executive to be familiarized with its duties. In addition to this your Executive met at the headquarters in Toronto February 11th, 12th and 13th of this year. Considerable business was transacted at this meeting. A brief review of salient points follows herewith:

1. Consideration was given to the propriety of men prominent in the profession allowing their names to be used in association with commercial dental publications. It was decided that the Committee on Ethics should be invited to study this matter with a view to advising on the ethics of such a practice.

2. Discussing Matters Pertinent to the Council on Dental Education

(a) It was decided that the Secretary of the C.D.A. should direct a letter to the president of each university where dental schools are located, suggesting that suitable early action be taken to establish a course for dental hygienists where such a course is not already established.

(b) Dean Hamilton was appointed as representative to the meeting of the Dental Council of Canada for, though it meets concurrently with the meeting of the Board of Governors, it was felt, that as Chairman of the Council on Dental Education, Dean Hamilton should be spared from certain sessions of the Board of Governors to attend some of the sessions of the Dental Council of Canada.

3. It was noted that the Canadian Society of Dentistry for Children had decided to maintain its separate identity at the present time, not forming a section in the C.D.A. as previously indicated.

4. Public Relations

Dr. Fisk presented a very excellent report out of which came congratulations to the Chairman and Committee for their excellent work, including the 50th Anniversary celebrations. Encouragement was given to develop closer relations with provincial chairmen and committees. Dr. Fullerton representing the University of Toronto Alumni Association explained the film strip "Dentistry as a Career" which had been developed by the Alumni Association. He stated that the Association desired to present this to the C.D.A. with the understanding that it be known as a C.D.A. project. Dr. Fullerton was properly thanked. Your Executive decided that the C.D.A. would underwrite

the cost of this project. Another effort such as this came to the C.D.A. through Dr. Harry Thomson who obtained a copy of the film "A Career in Dentistry" from the American College of Dentists. The thanks of the C.D.A. was proffered to Dr. Thomson and, through him, the American College of Dentists.

5. Publications

This report called for high commendation. A sombre note was cast however when it was learned that the Assistant Editor had found it necessary to resign on the advice of his physician. We appreciate his outstanding services in the past and wish him well in the future.

6. Arrangements for Annual Meeting of the Board of Governors

(a) Honorary Membership: This being the year of the 50th Anniversary of the Association it was thought proper that a departure should be made from the custom of recommending one only for honorary membership. Consequently your Executive decided to recommend to the Board of Governors for such honor the following: Dr. M. H. Garvin of Winnipeg and Dr. R. L. Pallen of Vancouver. Both of these men are Past Presidents of the Association and both have contributed very materially to the growth of the C.D.A.

(b) The schedule for the annual meeting of the Board of Governors was approved.

(c) Dr. R. A. Rooney was selected as Installing Officer.

(d) Estimate of cost of the meeting of the Board was considered and having been amended, was approved. The higher cost of this meeting was noted but, in addition to the distance of travel, this was accounted for by the decision to have as many committee chairmen as possible attend the meeting inasmuch as this is the 50th Anniversary year of the Association.

(e) It was decided that invited delegates will be entitled to be recompensed for the following items: Transportation by train — 1st class ticket, chair car or equivalent of a lower berth. By plane — over long distances when rates compare favourably with train transportation. Hotel — rate for single room, meals and gratuities at reasonable rates.

7. Auditors statement for 1951 was accepted. It was noted that a substantial surplus was accounted for by the fact that the annual meeting occurred later in the year and certain accounts pertaining to this meeting were still outstanding. In addition, an item of \$3,500. belonging to the Council on Dental Education would be needed later by the Council for survey work.

8. The 1951 grant of \$3,500. to the Council on Dental Education was transferred in the interim to the reserve fund of the C.D.A.

9. Auditors:

The firm of Throne, Mulholland, Howson and McPherson was appointed.

EXECUTIVE

10. Convention at Vancouver

Dr. Wm. Miller, Chairman of the Convention Committee, presented his report. This was adopted and the Chairman was complimented for a very excellent report.

11. Association Meeting

A time and place was discussed and agenda completed.

12. National Examining Board

The Secretary presented a copy of the Canada Gazette containing notice of the presentation of a bill on the National Examining Board. Every effort was being made to have the bill enacted before the meeting of the Board of Governors.

13. References From the Annual Meeting

(a) Supply of dental personnel: A resolution was passed stressing the need of greater facilities for training dental students and further, that facilities should immediately be provided for the training of dental hygienists. A copy of the resolution was to be forwarded to the Federal Minister and each Provincial Minister of Health.

(b) Economic Survey: Having due regard to the direction of the Board of Governors a sample questionnaire was considered and the Secretary was authorized in the interest of compiling an Economic Survey of the profession, to mail out to members, selected at random, a questionnaire and accompanying letter, the questionnaire to be returned unsigned. Subsequent to the meeting of the Executive certain difficulties and disadvantages to conducting such a survey came to light so it was decided to request the Board of Governors to again consider the matter.

(c) Accounting System: The Secretary was to investigate and make recommendations for a simplified system for dentists, having in mind the increasingly complicated taxation details, a report to be made at the next meeting of the Executive.

(d) Liability protection was discussed. Agreement reached on its desirability but it was decided that further investigation was necessary.

(e) Tangible recognition to the President: Having in mind past discussion on the matter it was decided that a presentation should be made to the retiring president at the time of turning over the gavel, monetary value of such presentation not to exceed \$100.

(f) French speaking member on the Convention Committee: This suggestion was not considered practical for each year.

(g) Association of Dental Students: Sending complimentary copies of the Journal to all senior students in the dental schools, a letter to them from the C.D.A., and appearing before the student body was considered to answer the purpose of the recommendation.

14. **School Dental Appointments**

The matter of granting dental appointments to students during school hours was considered to be a matter for the local Dental Societies and the school boards concerned.

15. **Pension Trust Plan**

Progress Report: An agreement has been signed with the Professional and Industrial Pensions Limited, head office Brockville, Ontario, the company formed to operate the plan. The company is proceeding forthwith with presenting it to the profession.

16. **Committee Activities**

It was felt that it would be desirable to have more time to discuss the committee activities. In addition to those previously noted the following came under review.

(a) By-laws: This Committee is studying the terms of reference. An opinion was expressed to the Committee that despite the term "Council" used in referring to the Council on Dental Education it is in reality a committee of the Association and is to be considered as such.

(b) Ethics: An amendment to the proposed booklet "A Guide to Professional Conduct" which had been approved by the Board of Governors, a letter to accompany the booklet and a prepared statement upon the subject of "Guaranteed Services", were approved.

(c) War Memorial Award: The subject "Preventive Dentistry for Children and its Relationship to Diet" was approved.

(d) Nomenclature: A delegate was to be sent to the American Dental Association meeting on Nomenclature if a suitable delegate is available.

(e) Industrial Dentistry: The Report of the Committee was received. Discussion took place on the future of the Committee and its relationship to Health Insurance Studies. The following motion was passed: "We recommend that the work of the Committee on Industrial Dentistry be incorporated into the Committee on Health Insurance Studies".

17. **Federation Dentaire Internationale**

The Executive approved in principle the new F.D.I. constitution which it is proposed to be presented for approval at the forthcoming meeting in London.

18. **Civil Defence Health Services**

The Secretary informed your Executive of the activities respecting these services. Instructions were given for the Secretary to write the corporate members respecting this matter.

19. **Headquarters Administration**

(a) Staff: A review of duties and salaries was considered with the Secretary and recommendations made.

EXECUTIVE

(b) Secretary: The following motion was passed: "That the Executive hereby authorize the establishment of a \$50 a month pension at the age of 60 for the Secretary."

(c) Office Equipment: Safe and recording machine authorized. These contribute to the working efficiency of the headquarters personnel.

20. Finances

A comparative statement of finances 1947 to 1951 and the budget for 1953 were reviewed. The budget for 1953 was approved for presentation to the Board of Governors.

21. 1954 Meeting

Dr. Coughlan was requested to investigate the possibility of holding this meeting in the Maritimes and report at an early date.

22. President's Visitation

It was recommended that the President make a tour of the Western provinces in the fall of 1952.

23. National Cancer Institute of Canada

Dr. Gullet was appointed C.D.A. representative to this Institute.

24. Gift from the Manitoba Dental Association

It was indicated that an oil painting would be presented by the Manitoba Dental Association for the headquarters building so it was decided to extend to that Society the appreciation of the C.D.A. for their thoughtfulness in this respect.

25. As Chairman of the Executive Committee I wish to record my appreciation of the conscientious manner in which the members of this Committee have discharged their duties, and on behalf of the Committee to extend grateful appreciation to the Secretary and headquarters personnel for their untiring efforts on behalf of the Association.

This report is in the main informative but the following recommendations are submitted for your approval:

- (1) That honorary membership in this Association be granted to Dr. M. H. Garvin of Winnipeg and Dr. R. L. Pallen of Vancouver
- (2) That further consideration be given to the proposal of conducting an Economic Survey.
- (3) That the work of the Industrial Dentistry Committee be incorporated into the Committee on Health Insurance Studies.
- (4) That the President make a visitation tour of the Western Provinces in the fall of 1952.

COMMENT AND ACTION

1. We approve the decision of the Executive Committee and request that they continue their studies in this matter.

2. (a) Concur.
(b) Agree that Dean Hamilton should be spared from certain sessions of the Board of Governors.
3. Noted.
4. Concur.
5. Agree that the Publications report merits our sincere appreciation but sincerely regret that Dr. Tom Marshall has to retire because of his health.
6. (a) Agree and offer Drs. Garvin and Pallen our heartiest congratulations.
(b) No comment.
(c) Agree.
(d) No comment.
(e) Agree.
7. Noted.
8. Agree.
9. No comment.
10. We wish to express our appreciation to Dr. Wm. Miller and his Committee for a job well done.
11. No comment.
12. We view with pleasure the progress to date.
13. (a) We view with increasing concern the apparent lack of progress in providing further facilities for the increasing of Dental Personnel.
(b) Recommend that the Executive Committee continue its efforts regarding this survey.
(c) No comment.
(d) Recommend that Executive continue their investigations in reference to liability protection.
(e) Concur.
(f) Agree.
(g) Concur.
14. Agreed.
15. We are of the opinion that the type of presentation in the first portion of the pamphlet of the Pension Trust Plan is misleading. That this plan is not owned and operated by the C.D.A. but is sponsored by the C.D.A. under a Board of Trustees. It is recommended that the Executive direct the Board of Trustees that any further literature to be sent out to the profession by "Professional and Industrial Pensions Limited" be first reviewed by the Board of Trustees.
At the same time we view with satisfaction the splendid progress to date of the Pension Trust Plan.

EXECUTIVE

16. (a) Agreed.
(b) No comment.
(c) No comment.
(d) Approved.
(e) Recommend that the work of the Industrial Dentistry Committee be incorporated into the Committee of Health Insurance Studies.
17. Agreed.
18. Noted.
19. (a) Agreed.
(b) Agreed.
(c) Agreed.
20. Agreed.
21. This was left for the decision of the Executive at this meeting.
22. Agreed.
23. Agreed.
24. Noted with appreciation.
25. No comment.

Recommendations

1. We heartily congratulate the Executive Committee on their selection of Drs. Garvin and Pallen to Honorary Membership. Over a period of years these men have contributed much to Canadian Dentistry and we feel that this honour could not be conferred on two more worthy members of our profession.
2. Approve.
3. Agree.
4. Approve.

We commend this Committee on the tremendous amount of work accomplished at their meetings and express appreciation for the very great amount of information presented to the Board of Governors.

APPROVED

MEMBERS OF FINANCE COMMITTEE: GUSTAVE RATTE, Chairman, Quebec, P.Q.; A. J. COUGHLAN, Saint John, N.B.; S. J. PHILLIPS, Oshawa, Ont.; H. B. POWELL, Calgary, Alta.; K. M. JOHNSON, Winnipeg, Man.

REPORT

1. Is the Finance Committee still useful and necessary? This question has been asked of the members of the Committee and of several other members of the Association.

2. There is unanimity of opinion on the existence and the utility of the Finance Committee in that its action should be critical and constructive but not administrative. There is a need for elucidation of the financial duties of the Finance Committee and the Executive. All administrative expenses should be settled by the Executive within the budget and the Finance Committee acting on this matter as a vigilance committee.

3. It would be much easier to prepare a budget if a definite classification of the future activities of the C.D.A. were made by the Board of Governors.

4. This Committee feels that it is time for this Board to arrange a long term policy of the work of each committee.

5. From the tabulation of revenue (see Appendix A.) in five years, we have gone from twenty-five thousand to seventy-three thousand, a very sizeable increase and a most satisfying one, but we feel that the top is reached at least for a few years and we must govern accordingly.

6. The financial aspect of the Board of Governors' meetings and the officers expenses is still a debatable question in different parts of the country. If the Board meeting was held at the headquarters every year there would be probably an average saving of less than -2,000.00 a year and the officers expenses could be reduced approximately six or seven hundred dollars without any visitation of the country. For the sake of the discussion, we would save around \$2,500.00 a year on those two items but at the same time we would lose a chance of making good publicity for the profession in the part of the country where the meeting takes place. It is money well spent for public relations. The visitation of the President and the Secretary is essential to the existence of our national association.

7. For your information and consideration you will find with this report a comparative statement (Appendix A.) of the revenue and expenses of the Association for the last five years. We bring to your attention the fact that the statement for 1951 does not represent very well the actual expenditures for the year. When the outstanding accounts which really belong to 1951 will be paid (they are now) the actual balance is a little over two thousand dollars.

8. You will understand better by looking at the columns of the expenditures

FINANCE

that the administrative expenses plus grants to the Journal, Research, Education and the Board of Governors meeting, leave just a small amount for our other activities. As it seems agreed that our revenue will not increase from the provinces for a certain period two solutions face our administration: tighten our belt or find some other sources of revenue for special purposes.

9. You will find as Appendix B., the auditors' reports and as Appendix C., a tentative budget for 1953.

10. We recommended the appointment of auditors for the year.

CONCLUSIONS

BUDGET 1953

- (a) Elucidation of the terms of reference of the Finance Committee.
- (b) Classification by priority of the work of each committee.
- (c) Study of the possibilities of revenue from outside sources.
- (d) A final policy concerning the Board of Governors meetings and the officers visitation.

We recommend the adoption of this report.

Appendix A.

Canadian Dental Association
COMPARATIVE STATEMENT
1947-1951

	Revenue				
	1947	1948	1950	1949	1951
Provincial Grants:					
Newfoundland	\$	\$	\$	\$	\$ 270.00
Prince Edward Island	168.00	224.00	290.00	290.00	435.00
Nova Scotia	1,608.00	1,576.00	1,930.00	3,400.00	2,850.00
New Brunswick	642.00	880.00	1,110.00	1,500.00	1,500.00
Quebec	4,164.00	8,008.00	8,320.00	10,790.00	16,065.00
Ontario	10,000.00	20,000.00	20,000.00	20,100.00	31,740.00
Manitoba	2,032.00	2,460.00	6,050.00	6,075.00	3,660.00
Saskatchewan	950.00	1,560.00	2,040.00	2,180.00	3,165.00
Alberta	2,690.00	2,760.00	2,720.00	6,950.00	4,515.00
British Columbia	2,220.00	3,696.00	4,740.00	4,940.00	7,740.00
Interest on Bonds	555.00	565.49	606.27	681.27	696.84
Sale of Pamphlets	18.50	17.60	9.50	212.54	280.51
Associate Members	108.00	65.00	105.00	96.00	79.80
National Convention	106.07		162.80	2,019.54	
Donation			17.00		
Sundry Receipts					43.58
	<u>\$25,261.57</u>	<u>\$41,812.09</u>	<u>\$48,214.46</u>	<u>\$59,234.35</u>	<u>\$73,040.73</u>

Canadian Dental Association
COMPARATIVE STATEMENT
1947-1951

Expenditures

	1947	1948	1949	1950	1951
Headquarters:					
Sec.-Treasurer	\$ 3,833.30	\$ 3,999.96	\$ 3,999.96	\$ 3,999.96	\$ 3,999.96
Accommodation (H.F.)				1,000.00	3,600.00
Clerical Assistance	3,458.84	3,824.20	4,496.74	4,897.92	8,468.73
Annuity Payment	1,177.62	1,177.62	1,177.62	1,177.62	1,177.62
Unemployment Insurance	65.52	93.24	88.76	55.87	108.92
Capital Account			1,477.25		
Hospital Insurance					186.86
Sundry Expenses					
Committees:					
Publications-grant	4,500.00	9,130.00	11,500.00	12,500.00	13,500.00
Research-grant	1,000.00	2,000.00	2,000.00	2,000.00	2,000.00
Executive	752.94	379.50	974.50	886.50	1,926.73
Education-grant	1,247.29	564.21	1,425.20	4,810.70	
Dental Public Health	100.00		149.50	249.10	213.10
Convention	583.47	299.60			
Dental Services	153.85	158.10	32.70		131.42
Legislation	25.00	25.00	25.00		
Nomenclature	25.00	100.00			
International Relations	623.46	1,609.18			
Industrial Dentistry	183.00	100.00	369.36	25.00	32.92
Hospital Dental Services	50.00	50.00			33.10
Public Relations		248.10	370.91	417.54	164.30
War Memorial		28.62	59.60	56.76	85.38
Finance			10.00	8.70	
Ethics			25.00	25.00	
By-laws					
Advisory		50.00	150.00		
Health Insurance St.		128.08	154.80	1,127.32	317.03
Auxiliary Services					
Specialists and Specialization					
Nominating		25.00	25.00	25.00	25.00
New Committees					
B.C. Children's Course		250.00			
F.D.I.			500.00	500.00	500.00
Officers' Expense	2,581.05	2,286.92	3,106.33	2,351.11	3,019.79
Board of Governors Meeting ...	4,342.32	6,083.35	6,700.97	4,993.64	5,912.83
National Convention Expense ..	30.43	1,076.75			216.27
Pamphlets and Reports	804.90	906.46	1,818.50	3,261.08	2,472.14
Membership Fees	10.00	58.18	94.16	100.87	111.35
Stationery and Office Expense ..	1,109.29	1,618.19	1,678.87	2,370.54	3,234.30
Telephone and Telegraph	136.14	107.11	129.61	163.77	392.47
Postage	915.24	1,361.11	1,396.28	1,096.25	1,670.11
Office F. & F.			82.00		
Depreciation F. & F.	134.82	349.87	358.07	455.57	566.68
Loss-Dispos. Equipment	15.00	57.60			
Translations		47.00	418.00	485.40	423.00
Research		12.24			
Insurance Renewal		20.57	30.35	20.00	20.00
Canadian Nurses & A.A.				200.00	
Transfer to Reserve				15,000.00	3,455.57
Audit and Legal					520.00
	<u>\$27,858.48</u>	<u>\$37,725.76</u>	<u>\$44,736.33</u>	<u>\$64,311.22</u>	<u>\$58,485.58</u>

February 4, 1952.

Dr. H. M. Cline, President,
Canadian Dental Association,
Toronto, Ontario.

Dear Sir:—

We have audited the accounts of the CANADIAN DENTAL ASSOCIATION for the year ended December 31, 1951, and submit herewith the following statements:

Balance Sheet	Page	2
Auditors' Report	"	2A
Statements of Revenue and Expenditure:		
General	"	3
Housing Fund	"	4
Dental Research Fund	"	4
War Memorial Award Fund	"	5
Council on Dental Education	"	5
The Grieve Memorial Lectureship Fund	"	6
Library Trust Fund	"	6
Reserve Fund	"	7
Statements of Receipts and Disbursements:		
General	"	8
Housing Fund	"	9
Dental Research Fund	"	10
War Memorial Award Fund	"	10
Council on Dental Education	"	11
The Grieve Memorial Lectureship Fund	"	12
Library Trust Fund	"	12
Reserve Fund	"	13

Respectfully submitted,

THORNE, MULHOLLAND, HOWSON & McPHERSON

Chartered Accountants

Canadian Dental Association

BALANCE SHEET

December 31, 1951

Assets

General Account:

Cash on hand and in bank		\$15,699.85	
Prepaid expenses		812.19	
Office furniture and fixtures	\$ 5,666.80		
Less Reserve for depreciation	2,119.93	3,546.87	\$ 20,058.91
	-----	-----	

Housing Fund:			
Cash on hand and in bank	10,054.94		
Prepaid insurance	267.54		
Land, 234 St. George Street, Toronto	5,100.00		
Building, 234 St. George Street, Toronto	63,694.58		
Less Reserve for depreciation	1,592.36	62,102.22	
Furnishings and equipment	10,200.97		
Less Reserve for depreciation	1,020.10	9,180.87	86,705.57
Dental Research Fund:			
Cash in bank			9,357.23
Dental Research Committee:			
Cash in bank			440.49
War Memorial Award Fund:			
Cash in bank	472.64		
Government of Canada 3% bonds at cost (market value \$7,125.)	7,875.00		
Interest accrued on bonds	56.25		8,403.89
Council on Dental Education:			
Cash in bank			337.49
The Grieve Memorial Lectureship Fund:			
Cash in bank	602.89		
Government of Canada 3% bonds, at cost (market value \$3,307.50)	3,408.13		
Interest accrued on bonds	35.10		4,046.12
Library Trust Fund:			
Cash in bank	2,670.98		
Books	1,220.78		
Less Reserve for depreciation	244.16	976.62	3,647.60
Reserve Fund:			
Cash in bank	455.57		
Loan receivable from Housing Fund	15,000.00		
Dominion, Provincial and Provincial guaranteed bonds at cost (market value \$24,508.25)	26,089.12		
Accrued interest on bonds	189.38		41,734.07
			<u>\$174,731.39</u>

Liabilities

General Account:			
Accounts payable	\$	219.05	
Surplus:			
Balance, December 31, 1950	\$	5,284.71	
Surplus for year 1951		14,555.15	19,839.86
			<u>\$ 20,058.91</u>

FINANCE

Housing Fund:

Accounts payable	87.31		
Loan payable to reserve fund	15,000.00		
Mortgage payable	8,750.00		
Interest accrued on mortgage	109.38		
Surplus:			
Balance, December 31, 1950	55,636.20		
Grants	8,455.00		
	64,091.20		
<i>Less</i> Deficit from building operat-			
ing for year	1,332.32	62,758.88	86,705.57

Dental Research Fund:

Surplus, December 31, 1950	5,412.05		
Surplus for year 1951	3,945.18		9,357.23

Dental Research Committee:

Surplus, December 31, 1950	517.62		
<i>Less</i> Deficit for year 1951	77.13		440.49

War Memorial Award Fund:

Surplus, December 31, 1950	8,376.42		
Surplus for year 1951	27.47		8,403.89

Council on Dental Education:

Surplus, December 31, 1950	3,343.18		
<i>Less</i> Deficit for year 1951	3,005.69		337.49

The Grieve Memorial Lectureship Fund:

Surplus, December 31, 1950	1,151.12		
Surplus for year 1951	2,895.00		4,046.12

Library Trust Fund:

Accounts payable	55.90		
Surplus, December 31, 1950	2,035.00		
Surplus for year 1951	1,556.70	3,591.70	3,647.60

Reserve Fund:

Surplus, December 31, 1950	38,281.00		
Surplus for year 1951	3,453.07		41,734.07

\$174,731.37

AUDITORS' REPORT

We have audited the accounts of the Canadian Dental Association for the year ended December 31, 1951, and report that, in our opinion, the accompanying balance sheet, and related statements of revenue & expenditure and receipts & disbursements, fairly present the financial position of the

Association as at December 31, 1951 and its transactions for the year then ended, exclusive of the accounts of the Committee on Publications, according to the best of our information and the explanations given us, and as shown by the books.

THORNE, MULHOLLAND, HOWSON & McPHERSON

Chartered Accountants

Canadian Dental Association
STATEMENT OF REVENUE AND EXPENDITURE
GENERAL

Year ended December 31, 1951

Revenue

Grants from Provincial Boards:		
British Columbia	\$ 7,740.00	
Alberta	4,515.00	
Saskatchewan	3,165.00	
Manitoba	3,660.00	
Ontario	31,740.00	
Quebec	16,065.00	
New Brunswick	1,500.00	
Nova Scotia	2,850.00	
Prince Edward Island	435.00	
Newfoundland	270.00	\$71,940.00
Transfer from reserve fund		702.30
Sale of pamphlets		280.51
Committee expense refund		37.50
Sundry revenue		80.42
		<u>\$73,040.73</u>

Expenditure

Grants:		
Committee on Publications	\$13,500.00	
Dental Research Fund	2,000.00	
Federation Dentaire Internationale	500.00	\$16,000.00
Secretary's honorarium		3,999.96
Clerical assistance		8,468.73
Officers' pension plan		1,777.62
Unemployment insurance		108.92
Hospital insurance		186.86
Committee expenses (not including Committees re- ceiving grants)		2,928.98
Officers' expenses		3,131.14
Board of Governors meeting expenses		5,912.83

FINANCE

Legal and audit	520.00
Pamphlets and reports	2,472.14
Housing fund, rent	3,600.00
Translations	423.00
National Convention	216.27
Stationery and office expense	3,254.30
Telephone and telegraph	392.47
Postage	1,670.11
Depreciation, office furniture and fixtures	566.68
Transfers to reserve fund	3,455.57
	58,485.58
<i>Surplus for year, after giving effect to the above</i> <i>transfer to reserve fund</i>	
	14,555.15
	<u>\$73,040.73</u>

Canadian Dental Association
HOUSING FUND
STATEMENT OF REVENUE AND EXPENDITURE

Year ended December 31, 1951

Revenue	
Rentals	\$ 5,498.00
Bank interest	25.41
	<u>\$ 5,523.41</u>
Expenditure	
Mortgage interest	\$ 456.10
Repairs and maintenance	1,195.25
Taxes	631.75
Janitor	645.00
Heat	521.41
Gas and water	200.30
Light	371.05
Insurance	152.78
Audit	60.00
General expenses	9.63
Depreciation on buildings	1,592.36
Depreciation on furnishings and equipment	1,020.10
	6,855.73
<i>Deficit for year</i>	
	1,332.32
	<u>\$ 5,523.41</u>

NOTE:—The above statement of revenue and expenditure covers building operating items only and does not include grants to this fund totalling \$8,455.00 which were credited directly to surplus.

DENTAL RESEARCH FUND STATEMENT OF REVENUE AND EXPENDITURE

Year ended December 31, 1951

Revenue

Grant, Canadian Dental Association, from general account	\$ 2,000.00
Transfer from Canadian Dental Research Foundation	3,774.11
Bank interest	33.81
	\$ 5,807.92

Expenditure

Studentships	\$ 1,700.00
Reprints	31.08
Exchange	101.66
Audit	30.00
	1,862.74
<i>Surplus for year</i>	3,945.18
	\$ 5,807.92

Canadian Dental Association WAR MEMORIAL AWARD FUND STATEMENT OF REVENUE AND EXPENDITURE

Year ended December 31, 1951

Revenue

Bond interest	\$ 225.00
Bank interest	2.47
	\$ 227.47

Expenditure

Essay awards	\$ 200.00
<i>Surplus for year</i>	27.47
	\$ 227.47

COUNCIL ON DENTAL EDUCATION STATEMENT OF REVENUE AND EXPENDITURE

Year ended December 31, 1951

Revenue

Grant, Kellogg Foundation	\$ 1,050.00
Bank interest	5.10
	\$ 1,055.10

Expenditure

Council meeting expenses	\$ 1,178.00
Expenses re survey of dental schools	2,882.79
	4,060.79

FINANCE

<i>Deficit for year</i>	3,005.69
	<u>\$ 1,055.10</u>

Canadian Dental Association
THE GRIEVE MEMORIAL LECTURESHIP FUND
STATEMENT OF REVENUE AND EXPENDITURE

Year ended December 31, 1951

Revenue

Donations	\$ 2,843.67
Bond interest	25.61
Premium on U.S. currency, less exchange	16.75
Bank interest	8.97
	<u>595.94</u>
<i>Surplus for year</i>	<u>\$ 2,895.00</u>

LIBRARY TRUST FUND
STATEMENT OF REVENUE AND EXPENDITURE

Year ended December 31, 1951

Revenue

Donations	\$ 2,145.00
Bank interest	7.64
	<u>\$ 2,152.64</u>

Expenditure

Office expenses	\$ 351.78
Depreciation on books	244.16
	<u>595.94</u>
<i>Surplus for year</i>	1,556.70
	<u>\$ 2,152.64</u>

Canadian Dental Association
STATEMENT OF REVENUE AND EXPENDITURE
RESERVE FUND

Year ended December 31, 1951

Revenue

Interest on bonds	\$ 694.34
Bank interest	5.46
Transfers from general account	3,455.57
	<u>595.94</u>
	<u>\$ 4,155.37</u>

Expenditure

Transfer to general account re interest	\$ 702.30
Surplus for year	3,453.07
	\$ 4,155.37

Canadian Dental Association**STATEMENT OF RECEIPTS AND DISBURSEMENTS
GENERAL**

Year ended December 31, 1951

Receipts

Cash on hand and in bank, December 31, 1950.....		\$ 2,456.66
Grants from Provincial Boards:		
British Columbia	\$ 7,740.00	
Alberta	4,515.00	
Saskatchewan	3,165.00	
Manitoba	3,660.00	
Ontario	31,740.00	
Quebec	16,065.00	
New Brunswick	1,500.00	
Nova Scotia	2,850.00	
Prince Edward Island	435.00	
Newfoundland	270.00	71,940.00
Transfer from reserve fund		702.30
Committee expense refund		37.50
Sale of pamphlets		280.51
Sundry receipts		80.42
		\$75,497.39

Disbursements

Grants:		
Committee on Publications	\$13,500.00	
Dental Research Fund	2,000.00	
Federation Dentaire Internationale	500.00	\$16,000.00
Secretary's honorarium		3,999.96
Clerical assistance		8,468.73
Officers' pension plan		1,177.62
Unemployment insurance		153.92
Hospital insurance		186.86
Committee expenses (not including Committees re- ceiving grants)		2,928.98
Officers' expenses		3,331.14
Board of Governors meeting expense		5,912.83
Legal and audit		520.00
Pamphlets and reports		2,335.79
Rent		3,600.00

FINANCE

Translations	403.00
National Convention	316.27
Stationery and office expense	3,366.01
Telephone and telegraph	392.47
Postage	2,137.30
Furniture and fixtures	1,111.09
Transfer to reserve fund	3,455.57
	59,797.54
Cash on hand and in bank, December 31, 1951	15,699.85
	<u>\$75,497.39</u>

Canadian Dental Association
HOUSING FUND
STATEMENT OF RECEIPTS AND DISBURSEMENTS

Year ended December 31, 1951

Receipts

Cash in bank, December 31, 1950		\$17,816.56
Grants:		
College of Dental Surgeons of the Province of Quebec	\$ 3,000.00	
Alberta Dental Association	1,505.00	
New Brunswick Dental Society	500.00	
Manitoba Dental Association	2,500.00	
Provincial Dental Board of Nova Scotia	950.00	8,455.00
Rentals		5,498.00
Sale of furniture, etc.		515.98
Bank interest		25.41
		<u>\$32,310.95</u>

Disbursements

Repairs and maintenance	\$ 1,195.25
Alterations to building	14,789.80
Furnishings and equipment	1,972.28
Mortgage principal	1,000.00
Mortgage interest	449.59
Taxes	631.75
Janitor	645.00
Heat	552.51
Gas and water	189.34
Light	340.54
Insurance	420.32
Audit	60.00
General expenses	9.63
	22,256.01

FINANCE

Cash on hand and in bank, December 31, 1951	10,054.94
	<u>\$32,310.95</u>

Canadian Dental Association DENTAL RESEARCH FUND STATEMENT OF RECEIPTS AND DISBURSEMENTS

Year ended December 31, 1951

Receipts

Cash in bank, December 31, 1950	\$ 5,412.05
Grant, Canadian Dental Association, from general account	2,000.00
Transfers from Canadian Dental Research Foundation	3,774.11
Bank interest	33.81
	<u>\$11,219.97</u>

Disbursements

Studentships	\$ 1,700.00
Reprints	31.08
Exchange	101.66
Audit	30.00
	<u>1,862.74</u>
Cash in bank, December 31, 1951	9,357.23
	<u>\$11,219.97</u>

WAR MEMORIAL AWARD FUND STATEMENT OF RECEIPTS AND DISBURSEMENTS

Year ended December 31, 1951

Receipts

Cash in bank, December 31, 1950	\$ 445.17
Bond interest	225.00
Bank interest	2.47
	<u>\$ 672.64</u>

Disbursements

Essay awards	\$ 200.00
Cash in bank, December 31, 1951	472.64
	<u>\$ 672.64</u>

FINANCE

Canadian Dental Association
COUNCIL ON DENTAL EDUCATION
STATEMENT OF RECEIPTS AND DISBURSEMENTS

Year ended December 31, 1951

Receipts

Cash in bank, December 31, 1950	\$ 3,343.18
Grant, Kellogg Foundation	1,050.00
Bank interest	5.10
	\$ 4,398.28

Disbursements

Council meeting expenses	\$ 1,178.00
Expenses re survey of dental schools	2,882.79
	4,060.79
Cash in bank, December 31, 1951	337.49
	\$ 4,398.28

Canadian Dental Association
THE GRIEVE MEMORIAL LECTURESHIP FUND
STATEMENT OF RECEIPTS AND DISBURSEMENTS

Year ended December 31, 1951

Receipts

Cash in bank, December 31, 1950	\$ 1,151.12
Donations	2,843.67
Premium on U.S. currency, less exchange	16.75
Bank interest	8.97
	\$ 4,020.51

Disbursements

Bonds purchased:	
Government of Canada, 3%, par value \$3,500.00, due September 1, 1966	\$ 3,408.13
Interest accrued on bonds purchased	9.49
	3,417.62
Cash in bank, December 31, 1951	602.89
	\$ 4,020.51

LIBRARY TRUST FUND
STATEMENT OF RECEIPTS AND DISBURSEMENTS

Year ended December 31, 1951

Receipts

Cash in bank, December 31, 1950	\$ 2,035.00
Donations	2,145.00
Bank interest	7.64
	\$ 4,187.64

Disbursements

Books	\$ 1,164.88
Office expenses	351.78
	1,516.66
Cash in bank, December 31, 1951	2,670.98
	\$ 4,187.64

Canadian Dental Association

RESERVE FUND
STATEMENT OF RECEIPTS AND DISBURSEMENTS

Year ended December 31, 1951

Receipts

Interest on bonds	\$ 697.50
Bank interest	5.46
Transfers from general account	3,455.57
	\$ 4,158.53

Disbursements

Bonds purchased:	
Province of Ontario, 4%, par value \$3,000.00 due December 15, 1961	\$ 3,000.00
Interest accrued on bonds purchased	.66
Transfer to general account re interest	702.30
	3,702.96
Cash in bank, December 31, 1951	455.57
	\$ 4,158.53

Canadian Dental Association

BUDGET

1953

Revenue

Corporate Grants:		
Newfoundland	\$ 270.00	
Prince Edward Island	435.00	
Nova Scotia	2,850.00	
New Brunswick	1,500.00	
Quebec	16,065.00	
Ontario	31,740.00	
Manitoba	3,660.00	
Saskatchewan	3,165.00	
Alberta	4,515.00	
British Columbia	8,190.00	72,390.00
Interest on Bonds	800.00	
Associate Fees	100.00	
Sale of Pamphlets	100.00	
National Convention		
TOTAL		<u>\$73,390.00</u>

Canadian Dental Association

BUDGET

1953

Expenditures

Headquarters:		
Accommodation	\$ 3,600.00	
Secretary-treasurer	4,000.00	
Clerical Assistance	14,000.00	
Annuity Payment	2,000.00	
Unemployment Insurance	125.00	
Sundry Expenses	500.00	
Hospital Plan	190.00	
Reserve Account	3,500.00	27,915.00
Committees:		
Publications	13,500.00	
Research	3,000.00	
Executive	2,500.00	
Education	3,000.00	
Dental Public Health	500.00	
National Convention	100.00	

FINANCE

Dental Services	300.00	
Legislation	25.00	
Nomenclature	25.00	
Industrial Dentistry		
Hospital Dental Services	100.00	
Public Relations	1,000.00	
War Memorial	75.00	
Finance	25.00	
Ethics	25.00	
By-laws	25.00	
Health Insurance	600.00	
Auxiliary Services	25.00	
Specialists and Specialization		
Nominating	25.00	
New Committees	100.00	
National Examining Board	500.00	
Federation Dentaire Internationale	1,000.00	
Translations	750.00	
Insurance Renewal	80.00	
Officers' Expense	3,500.00	
—Special		
Board of Governors' Meeting	6,000.00	
Pamphlets and Reports	5,000.00	
Membership Fees	125.00	
Stationery and Office Expense	3,500.00	
Telephone and Telegraph	400.00	
Postage	1,800.00	
Office Equipment		
Depreciation—Office Furniture		
Transfer to Reserve		
Legal Expenses	500.00	47,605.00
TOTAL		\$75,520.00
DEFICIT		\$ 2,130.00

COMMENT AND ACTION

1. & 2. (a) Agreed that the Finance Committee is necessary and should continue.
- (b) Agreed that all administrative duties be in the hands of the Executive Committee, but that thought be given to the appointment of a permanent Comptroller.
- (c) Agreed that the terms of reference of the Finance Committee be referred to the By-laws Committee for desired revision.

3. Agreed.
4. We feel that it is time for this Board to arrange a long term policy of the work of each committee without infringing on the duties of the Corporate Members.
5. Agreed.
6. It is recommended that the rotation of where the C.D.A. Annual Meeting is held be continued and we recommend the continued visitation of the President and/or President-elect and Secretary as essential to the existence of our National Association.
7. Agreed.
8. We recommend that the Executive of the C.D.A. investigate and study means of obtaining further revenue.
9. Agreed.
10. Agreed.

CONCLUSIONS

(A), (B), (C), & (D) Agreed.

APPROVED

MEMBERS OF BY-LAWS COMMITTEE: J. STANLEY BAGNALL, Chairman, Halifax, N.S.; G. L. CAMERON, Ottawa, Ont.; S. A. MOORE, London, Ont.; W. M. BLAIR, Calgary, Alta.; G. M. DEWIS, Halifax, N.S.

REPORT

1. That no changes are recommended in the By-laws this year.
2. The "Terms of Reference" for all Committees have been carefully reviewed. The "Proceedings of the Board of Governors" for all meetings since the adoption of the "Terms" in 1947 have been checked for additions, alterations and deletions for the "Terms", as originally approved. Communications were sent to all Chairmen of Committees to determine whether changes were necessary, in the light of their experience.

We have tried to preserve the original meaning and intention of the Terms drawn up for each Committee. There has been a definite attempt to use an arrangement which will be applicable to all committees. This has involved a re-arrangement of the opening paragraphs in some cases. In general, the first paragraph deals with the number of members in a committee, the method of election and the designation of a chairman. Where special situations are present in a committee they are dealt with. The second paragraph, in general, refers to presentation of an annual report.

In some cases it was stated that the Chairman was elected and in others that he was designated. The latter term is now used in all cases. Again, it was always stated that members for the committee "were nominated and elected". This now reads "elected" in all cases, except the Nominating Committee. The names submitted by the Nominating Committee are now placed in nomination automatically and further names may be placed in nomination by the Board, therefore it did not seem necessary to continue the use of "nominated and elected".

In some cases the wording of some clauses was rather obscure and where this existed, we attempted to arrive at the original intention and state it more clearly.

The Chairman of this Committee wishes to express his personal appreciation of the great help he has received from the other members of the Committee and the promptness with which all have replied to communications.

General Terms of Reference (in respect to all Committees)

1. All expenditures of monies must be sanctioned by the Board of Governors, or Executive Committee.
2. A majority of the members of a committee shall constitute a quorum and no meeting shall be regular without a quorum.

BY-LAWS

3. Any activities contemplated by a committee, which are not covered by the Terms of Reference for the committee, should be sanctioned by the Board of Governors, or Executive, before any action is taken thereon.
4. When a new Chairman of a committee is designated, the former Chairman shall turn over to the Secretary of the Association any committee funds on hand, together with all pertinent subject matter.
5. In the event that the office of Chairman of a committee becomes vacant between the annual meetings of the Association, as a result of death, resignation or other cause, the Secretary of the Association shall request the Nominating Committee, through its chairman, to forward to the Executive, for its consideration, a nomination for a new chairman.
(Original terms passed in 1947. This remains the same, except that Clause No. 5 has been added to meet certain possible eventualities).

Committee on Auxiliary Services

The Committee on Auxiliary Services shall be a Special Committee consisting of three members elected by the Board of Governors at its annual meeting. The Chairman shall be designated at this time by the Board of Governors.

The Chairman shall make report at the annual meeting of the Board of Governors.

The duties of the Committee shall be:

1. To study the need for and development of auxiliary dental personnel.
 2. To develop policies respecting these auxiliary personnel.
 3. To make recommendation respecting the proper use of auxiliary personnel by the profession.
 4. To advise Corporate Members, when requested, concerning matters relating to auxiliary services.
 5. To cooperate with the Committee on Legislation.
- (Submitted in original form in 1947. The only change at this time is the customary slight rewording of para 1).

Committee on By-laws

The Committee on By-laws shall be a Standing Committee of four members elected by the Board of Governors at its annual meeting. The Chairman shall be designated at this time by the Board of Governors.

The Chairman shall make report at the annual meeting of the Board of Governors.

The duties of the Committee shall be:

1. To recommend amendments to the Constitutional and Administrative By-laws, when considered necessary.

2. To recommend amendments, deletions and additions to the "Terms of Reference" for committees, when considered necessary.
3. To make all notices of motion for amendments and make report thereon to the Board of Governors.
4. To point out any procedure in the conduct of the business of the Association which is not in accord with the By-laws.

(First approved in 1947. New Clause No. 2 added in 1951. Old Clause 2 and 3 renumbered accordingly. Customary slight change in para 1 to new wording).

Convention Committee

The Convention Committee shall be a Standing Committee of seven, or more, members residing in the area in which the succeeding annual meeting is to be held. The Chairman shall be designated by the Executive Committee. The members of the committee shall be appointed by the Executive Committee of the Association from a list of names presented by the Chairman of the Convention Committee. The President and Secretary shall be ex-officio members of the committee.

The Chairman shall make interim reports to the Executive Committee and make report to the annual meeting of the Board of Governors.

The Committee shall have authority to appoint consultants, or advisors, and recommend for employment such other personnel as is needed in order to carry out its duties.

The duties of the Committee shall be:

1. To survey the place of meeting and develop plans for the annual Convention.
2. To appoint sub-committees for the development and presentation of the Convention.
3. To be responsible for a program of high ethical character.
4. To produce a balanced budget.
5. To present a properly audited financial report within reasonable time following the Convention.

(Originally approved in 1947 as Program Committee. Name changed in 1951. First two paragraphs combined and rearranged. Slight change in wording of Clauses 1, 2 and 3).

Council on Dental Education

The Council on Dental Education shall be a Standing Committee of six members elected by the Board of Governors at its annual meeting. Two members shall be elected for a term of one year, two members for a term of two years, and two members for a term of three years. Thereafter, all members shall be elected for a term of three years. The Chairman shall be designated at the annual meeting of the Board of Governors.

The Dental Council of Canada shall be requested to appoint a representative to the Council on Dental Education.

BY-LAWS

The Council shall have power to appoint sub-committees within its membership and adopt such regulations for the government of its actions as shall be deemed expedient.

The Council shall have authority to appoint consultants, or advisors, and recommend for employment such other personnel as is needed from within or without the membership of the Canadian Dental Association for any purpose within its jurisdiction, provided that if such appointments involve expenditures of funds, they must be approved by the Board of Governors.

The Chairman shall make report at the annual meeting of the Board of Governors.

The duties of the Council shall be:

1. To give study to all matters relating to dental education.
2. To develop policies and make recommendations of the same to the Board of Governors in respect to matters pertaining to the education of dental students.
3. To assess values of existing forms and make recommendations for changes, when considered indicated, in the various forms of dental education.
4. To accredit dental schools.
5. To develop a satisfactory plan for a National Examining Board, in cooperation with the Provincial Dental Legal bodies, in order that facilities may be available to members of the profession to qualify for registration to practice, on a national basis.
6. In general, to discuss and recommend alterations in dental education for the improvement and welfare of students of dentistry, in order to produce graduates equipped with adequate knowledge to fulfil all the requirements of the practice of dentistry and to take their proper positions in society as a whole.

(The original form was adopted in 1947. The first paragraph is changed to the new form. Requirement for an annual report is included in a new paragraph. Clause No. 5 has had the original wording rearranged).

Committee on Dental Public Health

The Committee on Dental Public Health shall be a Standing Committee of five members. Provincial Representatives shall be ex-officio members. The Chairman shall be elected annually by the Board of Governors. The members of the Committee shall be selected as herein provided.

The Chairman shall make report at the annual meeting of the Board of Governors.

The duties of the Committee shall be:

1. To instruct the members of the profession in accepted dental health knowledge.
2. To instruct students, nurses and workers in other health professions, in dental health.

3. To instruct lay groups and organizations in dental health information.
4. To prepare suitable lecture material, slides and films to assist the dentist in dental health presentations.
5. To cooperate with Provincial Dental Boards.
6. To prepare pamphlets, charts, etc., for the information of the public in dental health.
7. To organize, plan and complete surveys in order to obtain reliable information on the needs of dental services.
8. It shall be the duty of this committee to correlate the activities of the provincial committees in dental health projects.

This Committee has been organized in such a manner that it is hoped it will receive the active support of provincial and local groups so that all may work together in close cooperation. It is respectfully suggested that:

1. The provincial board, in each province, should promote the formation of a dental public health committee (if none is in existence) such as will best serve the interests of the province with regard to dental public health.

2. The provincial committee should promote activities set forth in the terms of reference and report their accomplishments to the Canadian Dental Association Committee on Dental Public Health through the dental health groups sponsored by dental societies in smaller centres.

(Originally approved in 1947. This has been entirely rewritten. While the original duties and ideas of the Committee have been closely followed, there is a pretty complete rewording.)

Committee on Dental Services

The Committee on Dental Services shall be a Special Committee of five members elected by the Board of Governors at the annual meeting. The Committee shall have the power to invite a representative from each of the Federal Departments of "National Defence", "Veterans' Affairs" and "National Health and Welfare" as ex-officio members. The Chairman shall be designated at this time by the Board of Governors.

The Chairman shall make report at the Annual Meeting of the Board of Governors.

The duties of the Committee shall be:

1. To study existing and proposed dental services of the Federal Government.
2. To cooperate with the various Federal Departments concerned, in measures for the improvement of dental services.
3. To act as liaison between the Canadian Dental Association and Federal Departments in the consideration of such matters relative to Federal Dental Services as may be referred to this Committee by the Canadian Dental Association.
4. To keep the membership of the Association informed respecting the

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type and character of dental services being and/or to be rendered under the various Departments of the Federal Government.

5. To assist the Federal Government (or any responsible division thereof), when requested, with advice regarding the dental services functioning under its control.
6. To assist any provincial government, when requested, with advice regarding the dental services functioning under its control.

(Originally approved 1947. First paragraph now brought to new form. Some rewording, particularly of Clauses 3, 5, and 6, in an attempt to get greater clarity).

Committee on Ethics (a pattern of behaviour)

The Committee on Ethics shall be a Standing Committee of five members elected by the Board of Governors at its annual meeting. The Chairman shall be designated at this time by the Board of Governors.

The Chairman shall make report at the annual meeting of the Board of Governors.

The duties of the Committee shall be:

1. To study all matters relating to the ethical standing of the profession.
2. To promote ethical principles in the profession.
3. To recommend statements of ethical standards that are in the best interests of all concerned.
4. To work with the corporate members for the establishment of ethical standards which are acceptable to the profession.

(Originally approved in 1947. The first paragraph has been brought to the new form. There is some rewording in clauses 2, 3, and 4 in an attempt to clarify the meaning).

Committee on Finance

The Committee on Finance shall be a Standing Committee of five members elected by the Board of Governors at its annual meeting. The Chairman shall be designated at this time by the Board of Governors.

The Chairman shall present a Financial Statement for the current year and a Budget for the ensuing year at the annual meeting of the Board of Governors.

The duties of the Committee shall be:

1. To give consideration to the finances of the Association.
2. To make recommendation for the improvement of the financial position of the Association.
3. To make recommendation respecting the investment of accumulated funds.
4. To prepare reports and an annual budget.

5. To make report at the request of the Executive Committee.

(Originally approved in 1947. First paragraph changed to new form and some slight change in paragraph 2 to draw attention to need for both Financial Statement and Budget).

Committee on Health Insurance Studies

The Committee on Health Insurance Studies shall be a Special Committee consisting of seven members elected by the Board of Governors at its annual meeting. The Chairman of each Provincial Health Insurance Studies Committee shall be an ex-officio member. The Chairman shall be designated at this time by the Board of Governors.

The Chairman shall make report at the annual meeting of the Board of Governors.

The duties of the Committee shall be:

1. To study plans for health services in general, both proposed and in operation and, in particular, their relationship to dentistry.
2. To recommend for consideration principles and plans for dental health services under any health insurance or other, proposal.
3. To assist Corporate Members, when requested, in matters relating to dental health services.

(Remains as originally passed in 1947, other than for the present slight change in paragraph No. 1).

Committee on Hospital Dental Services

The Committee on Hospital Dental Services shall be a Standing Committee of eight members elected by the Board of Governors at its annual meeting. The Chairman shall be designated at this time by the Board of Governors.

The Chairman shall make report at the annual meeting of the Board of Governors.

The duties of the Committee shall be:

1. To initiate and assist in maintaining a high standard of dental services in Canadian Hospitals.
2. To encourage and promote dental internships in hospitals.
3. To teach medical interns and nurses in training the essentials of dental health.
4. To encourage hospitals to obtain approval by the Canadian Dental Association of their dental services and dental internships.

(Not previously approved, as a whole. Part of the above approved in 1948. The customary opening paragraphs have been added at this time. The four clauses, as numbered, remain essentially the same, though there has been some slight rewording).

Committee on Housing

The Committee on Housing shall be a Standing Committee of three members elected by the Board of Governors at its annual meeting. The Chairman shall be designated at this time by the Board of Governors.

The Committee shall have power to appoint sub-committees, from time to time, as required, and to employ such personnel as necessary within its jurisdiction provided that if such employment involves the expenditure of funds, other than those already allotted to the Committee, the approval of the Executive must be obtained.

The Chairman shall make report at the annual meeting of the Board of Governors.

The duties of the Committee shall be:

1. To act as custodians of the headquarters property.
2. To be responsible to the Executive for the administration of the Housing Fund.
3. To ensure that the building and contents are adequately covered by insurance.
4. To arrange and oversee all necessary repairs and alterations to the building and grounds.
5. In general, to accept responsibility for the maintenance and improvement of the headquarters property in keeping with professional standards.

(First approved in 1951. The first paragraph changed to new form. Clause 3 added, and clauses 3 and 4, of original renumbered).

Committee on Legislation

The Committee on Legislation shall be a Standing Committee of three members elected by the Board of Governors at its annual meeting. One member shall be elected for one year, one member for two years and one member for three years. Thereafter, one member shall be elected each year for a term of three years. The Committee shall have the power to add the Provincial Registrars as ex-officio members. The Chairman shall be designated at the annual meeting of the Board of Governors.

The Committee shall hold such meetings either at the time of the annual sessions of the Association, or during the year, as deemed necessary. The Chairman shall make report at the annual meeting of the Board of Governors and at such other times as may be requested by the Board of Governors.

The duties of the Committee shall be:

1. To protect and further the interest of the dental profession in all matters of Federal legislation and/or regulations.
2. To give assistance to corporate members in any provincial legislative matter.
3. To carry forward such policies which call for legislative action as may

have been initiated and carried to the legislative point in other committees, after approval by the Board of Governors.

4. To oppose or endeavor to modify any proposed legislation which is in conflict with existing policies of the Association.
5. To study existing or proposed legislation relating to dentistry, directly or indirectly, and make the results of such studies available for the use of other committees.
6. To include in an annual report a summary of newly adopted and also proposed federal and provincial legislation for the current year which may particularly affect the dental profession.
7. To make recommendations to the Board of Governors as may be considered advisable.

(Originally approved in 1947. Customary slight changes in paragraph 1 along with a somewhat clearer wording of the 3-year election plan).

Committee on Necrology

The Committee on Necrology shall be a Standing Committee consisting of eleven members who shall be the Registrars, or Secretaries, of the Corporate Members, together with the Secretary of the Canadian Dental Association.

The Secretary of the Canadian Dental Association shall act as Chairman and make report at the annual meeting of the Board of Governors.

The duties of the Committee shall be:

1. To keep accurate records of the deaths among the membership.
2. To submit for publication in the Journal suitable obituary notices, immediately following the death of a member.

(Remains as originally approved in 1947, except that one additional member added to the committee when Newfoundland entered the Association).

Committee on Nomenclature

The Committee on Nomenclature shall be a Special Committee of six members elected by the Board of Governors at its annual meeting. The members shall include the Editor-in-Chief and the Editor of the French Section of the Journal. The Chairman shall be designated at this time by the Board of Governors.

The Chairman shall make report at the annual meeting of the Board of Governors.

The duties of this Committee shall be to direct the development of scientific terminology related to dentistry.

(No changes made in this since adoption, other than the customary changes in the first paragraph at this time).

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Nominating Committee

The Nominating Committee shall be a Standing Committee of three members elected by the Board of Governors at its annual meeting. The President-elect shall be an ex-officio member. One member shall be elected for one year, one member for two years and one member for three years. Thereafter, one member shall be elected each year for a term of three years. The membership should be representative of the geographical divisions of the Association and should include one or more past presidents. The Chairman shall be designated at the annual meeting of the Board of Governors.

The Chairman shall make report at the annual meeting of the Board of Governors.

The duties of the Committee shall be:

1. To present to the Board of Governors, at its annual meeting, a report which shall contain a complete list of the names of proposed candidates for all offices and committees, the Nominating Committee excepted.
2. To present to the Board of Governors, through the Secretary of the Association, for its consideration the name, or names, or recommended candidate, or candidates, for any office or committee when a vacancy, or vacancies, may occur between the annual meetings of the Board of Governors.

(Originally approved in 1947. The first and second clauses amended in 1951. Customary change in paragraph 1 made now. A 3-year plan of election proposed now. The addition of the President-elect made in 1951, and provision now included to insure adequate geographic representation, plus inclusion of one or two past presidents in membership).

Committee on Public Relations

The Committee on Public Relations shall be a Special Committee of six members elected by the Board of Governors at its annual meeting. The Chairman shall be designated at this time by the Board of Governors.

The Chairman shall make report at the annual meeting of the Board of Governors.

The duties of the Committee shall be:

1. To arrange for distribution of information to the public by means of the press and radio.
2. To establish and maintain satisfactory relationships between the profession and government health departments.
3. To establish and maintain satisfactory relationships between the profession and other public health organizations.
4. To provide vocational guidance where considered advisable.
5. To facilitate the distribution, through provincial organizations, of dental health pamphlets, charts, etc., for purposes of health education of the public.

6. To develop and maintain among the members of the profession an awareness of the desirability of good relations with the public.

(Originally approved in 1947. Membership raised to six and a Clause 6 added in 1951. Customary changes made in paragraph 1. Clauses 1 and 6 have been reworded in what is hoped to be a somewhat better manner, without basic change in original idea.)

Committee on Publications

The Committee on Publications shall be a Standing Committee of six members elected by the Board of Governors at its annual meeting. Two members shall be elected for one year, two members for two years and two members for three years. The Chairman shall be designated at the annual meeting of the Board of Governors.

The Committee shall have power to appoint sub-committees from its membership and employ such personnel as necessary, within its jurisdiction, provided that if such appointments involve the expenditure of funds they must be approved by the Board of Governors.

The Committee shall hold such meetings from time to time, as deemed necessary, at the call of the Chairman.

The Chairman shall present a Financial Statement for the current year and a Budget for the ensuing year at the annual meetings of the Board of Governors.

The duties of the Committee shall be:

1. To publish the Journal of the Association.
2. To direct the policy of the Journal.
3. To control the type of advertising to appear in the Journal.
4. To direct changes in the format, or contents, of the Journal.
5. To make appointments in connection with the Journal.
6. To be responsible for the financing of the Journal.
7. To make report at the annual meetings and such other times as requested by the Board of Governors.
8. To carry out any other duties which may occur from time to time in connection with the publication of the Journal.
9. To carry out such other duties as the Board of Governors may direct.

(Originally approved in 1947. The first paragraph slightly changed to conform to new wording and election procedure changed to allow for six members, as now recommended. Paragraph 4 added so as to require both Financial Statement and Budget. Position of this paragraph changed to bring it into same relative position as in other committees).

Committee on Research

The Committee on Research shall be a Standing Committee of fifteen members elected by the Board of Governors at its annual meeting. Five mem-

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bers shall be elected for one year, five members for two years and five members for three years. Thereafter, five members shall be elected each year for a term of three years. They shall represent geographically the Corporate Members of the Association in so far as this is feasible. The Chairman shall be designated at this time by the Board of Governors.

The Chairman shall make report at the annual meeting of the Board of Governors.

The duties of the Committee shall be:

1. To procure funds for the facilitation of research in dentistry.
2. To disseminate scientific knowledge.
3. To support, establish and encourage research.
4. To develop research personnel.

(Originally presented and approved in 1947. A slight change in wording of paragraph 1 to bring it into conformity with the new arrangement, also to avoid use of word "Dominion").

Terms of Reference for Sections

1. That all by-laws and regulations accompany the application for necessary approval by the Board of Governors.
2. That all amendments to the regulations, or by-laws, of the section recognized shall be submitted at the next regular meeting of the Board of Governors and approved by it before they are adopted.
3. That the membership in the section shall be determined by the members of that section.
4. That the Section shall elect from its members a Chairman, Vice-Chairman, Secretary and other officers as indicated.
5. That the Section shall be financially self-supporting.
6. That the Chairman of the Section report annually to the Board of Governors.
7. That the function of the Section shall be to make contribution directed toward the improvement of dental health services for the public and the profession.

(Originally adopted in 1951. Clauses 1, 2, and 4 are reworded in an attempt to obtain greater clarity. The words "Canadian Dental Association" following "Board of Governors" in a couple of places have been omitted, as unnecessary).

Committee on Specialists and Specialization

The Committee on Specialists and Specialization shall be a Special Committee consisting of three members elected by the Board of Governors at its annual meeting. The Chairman shall be designated at this time by the Board of Governors.

The Chairman shall make report at the annual meeting of the Board of Governors.

The duties of the Committee shall be:

1. To study the development of specialization in dentistry.
2. To formulate policies in respect to specialization.
3. To develop standards for specialists and specialization in order to protect the public and the profession.
4. To maintain close liaison with the Council on Dental Education.

(Originally approved in 1947. No changes made at this time, other than the new wording for paragraph 1).

Committee on War Memorial Award

The Committee on War Memorial Award shall be a Special Committee consisting of five members elected by the Board of Governors at its annual meeting. The Chairman shall be designated at this time by the Board of Governors.

The Chairman shall make report at the annual meeting of the Board of Governors.

The duties of the Committee shall be:

1. To prepare rules and regulations to govern awards.
2. To administer existing awards.
3. To advise respecting the creation of new awards.
4. To seek funds for the establishment of awards.
5. To stimulate interest among those eligible for awards.

(This was originally known as Committee on Scholarships, name changed to present at 1948 meeting. Paragraph No. 1 is changed to bring it into new form. Word "prepare" substituted for "draft" in Clause No. 1).

MEMBERS OF THE HEALTH INSURANCE STUDIES COMMITTEE: HARVEY W. REID, Chairman, Toronto, Ont.; C. A. E. McCABE, Valleyfield, P.Q.; H. A. SWALES, Toronto, Ont.; T. R. MARSHALL, Toronto, Ont.; L. V. JANES, Hamilton, Ont.; GUSTAVE RATTE, Québec, P.Q.

REPORT

1. As directed at the last Annual Meeting, the pamphlet "Prevention in a Dental Health Program" was printed in both languages and 6,620 copies distributed as follows:

To membership	5,225	copies
Other organizations	150	"
Members of Parliament	260	"
Members of Prov. Legislatures	650	"
Gov. Health Officials	200	"
Newspapers	125	"
	6,620	"

2. As directed, at the last Annual Meeting, a letter was sent to each of the Provincial Boards enquiring if they would be interested in beginning a pilot study of an area where prepaid dental care for children might be introduced. Replies were received from several but no area was available.

3. Continued study was given as to costs of supplying treatment under a pre-paid dental care plan.

4. Meeting of the Committee, March 29th, 1952

- (a) The following sub-committee reports were studied carefully:
 - Report as presented by the Dental Health Division, Department of National Health and Welfare—see Appendix A.
 - Report of Sub-Committee on Pre-payment—see Appendix B.
 - A tabulation of estimated costs in Time and Money—see Appendix C.
- (b) As a basis of fees was and is imperative in arriving at any costs of any plan, lengthy discussion took place on this item as presented by the Sub-committee—Appendix B., page 2 and also on page 7 as to Dental Services included. After deliberation, the Committee agreed on an amended list as a suggested *Fee Schedule* and an amended *list of services* included. These are attached as the final page of Appendix B.
- (c) Some expression of opinion by the Board of Governors as to the adequacy of these fees is desired for the direction of the Committee, in their computations.
- (d) Appendix C. is a tabulation of figures taken from several surveys and also from reports of Dental Health Officers in Health Units in On-

tario. These were prepared by Dr. Grainger who is a Dental Statistician and are extremely valuable to the work of the Committee.

- (e) These three reports were tabled for further study at a meeting early in the Fall and are presented for your information and for any guidance desired by the Board of Governors.
- (f) Report of Industrial Dentistry Committee to Health Insurance Studies Committee—Appendix D. This report was tabled for further study and is presented to the Board of Governors for direction.
- (g) The appointment of Health Insurance Studies Committees in several provinces was noted with interest and it is the intention of the Committee to integrate these as fully as possible into the work of the C.D.A. Committee.

5. The Meeting of the Committee was delayed purposely to late in the Spring as it was felt that a hurry-up call would come at any time for a brief to be presented before the Parliamentary Committee promised by the Prime Minister from the floor of the House. However, as you know from press releases, this has been delayed because several of the Provincial Health and Sickness Surveys have not been completed.

6. Several changes have been made recently in the British Health Plan and it is the intention of Dr. Gullett, your Secretary, to study this summer, the impact of these changes on the Dental Profession of Great Britain and their significance to us.

7. May I express my appreciation to the Members of the Committee and to the Members of Sub-committees who have so generously contributed to the work of the Committee throughout the year.

Appendix A.

DENTAL PROGRAMS

(A Statement Prepared by the Dental Health Division, Department of National Health and Welfare, April 8, 1952)

Broadly speaking, there are two types of dental treatment program:

- (1) The Emergency, or Welfare Dental Treatment Program: it is designed to deal with advanced cases of dental and periodontal disease with a view to reducing pain and infection, and is intended, as a rule, to aid those who are unable to pay for dental care. It has no long term objectives. Available dental personnel, or whatever can be afforded, is employed to do as much as possible for the most urgent cases. Preventive measures and health education seldom play even a minor part. Any extension of such a service adds to its cost without adding proportionately to its effectiveness as a health program; "free" dental treatment services alone do little or nothing to persuade people that they have an important personal responsibility for their own dental health. (A controlled investigation reported in 1950 has shown that caries incidence can be reduced by about 60% through simple after-meal oral hygiene.)

HEALTH INSURANCE STUDIES

The Emergency, or Welfare type of treatment program has been operated by most of the provinces and by many of the cities during the past thirty-five years. Its value may be measured in terms of the suffering alleviated among those unable to afford treatment, but not in terms of an appreciable reduction in the incidence of decay, tooth mortality, or periodontal disease.

It offers few administrative difficulties.

- (2) The second type of dental treatment program is the Dental Maintenance Program: it is aimed at the progressive reduction of tooth decay by initiating preventive and early treatment measures in the youngest age group (3 years), and then extending these services, by annual steps, into successively higher age groups, while maintaining the dental health of the lower age groups. The inclusion of additional age groups is governed by the availability of dental and financial resources. The holding of all ground gained is of the highest importance.

The effectiveness of a dental maintenance program is measured in terms of decreasing incidence of decay and decreasing tooth mortality rates. This leads to a decrease in the number of malocclusion cases, and is finally reflected in reduced incidence of gum disease in the adult.

This type of program recognizes the fact that presently available dental resources can deal with only a small fraction of the "black-log" of dental treatment need in the total population.

This plan involves "writing off", as far as publicly financed dental programs are concerned, the dental needs of that segment of the population, child and adult, in age groups above the highest one selected for care in the first year of operation.

Eligibility for annual care after the first year should, as far as fillings are concerned, be conditional upon having had all fillings completed in the previous year. This establishes and supports the principle of providing care for only the annual increment of tooth decay in the ages receiving care, and prevents the accumulation of costly "back-log".

It is suggested that in instituting a dental maintenance program, it be limited to the pre-school age groups (3 yrs. to 6 yrs.) for the first year of operation. All, or a part of the pre-school single age groups could be taken. In order to initiate the program within the schools in the second year, it would be advantageous to include all pre-school groups in the first year of operation. Theoretically, if all these children were brought in for care, a little more than 1/3 of the annual work hours of the total dental profession would be required. There is reason to believe that the pre-school response would be far below 100%. The problem will be to educate the public into an adequate response in relation to these groups. It may require an extension of a year to pick up the "back-log" there.

It may be, under certain conditions, better policy to initiate the program in the school entering group, and pick up the pre-school groups from

there, as the school entering group constitutes a calculable treatment load. If the program is begun in the school entering group, the next step should be to establish the pre-school program, before adding any higher age groups.

The following diagram illustrates the operation of the treatment side of a sound dental maintenance program, beginning with the school entering group (6 yrs.) and including also the pre-school age groups, and expanding by regular annual steps:

Years of Operation of a Dental Maintenance Program

Age	1st yr.	2nd yr.	3rd yr.	4th yr.	5th yr.	6th yr.	7th yr.	8th yr.	9th yr.
3	x	x	x	x	x	x	x	x	x
4	x	x	x	x	x	x	x	x	x
5	x	x	x	x	x	x	x	x	x
6	x	x	x	x	x	x	x	x	x
7		x	x	x	x	x	x	x	x
8			x	x	x	x	x	x	x
9				x	x	x	x	x	x
10					x	x	x	x	x
11						x	x	x	x
12							x	x	x
13								x	x
14									x

The dental health officer takes an annual inventory of the dental needs among the children, and of the available dental personnel, and plans the expansion of the program accordingly.

C O S T S

The costs of an Emergency, or Welfare Dental Treatment Program cannot be established by means of any criteria.

The costs of a Dental Maintenance Program are governed by the prevalence and incidence of caries in the age groups to be given care, the costs of dental service and administrative costs.

Members of the Dental Health Division have examined 15,000 children aged 6 to 14 years, and recorded their dental condition. Data relating to an additional 10,000 children of these age groups collected from other recent Canadian surveys have been obtained. (More are forthcoming from several provinces.) From this sample, dental treatment needs of school age groups are readily calculable, within a range: data on the pre-school groups (3 to 6 yrs.) are not so readily available, and not quite as reliable. However, some of the American information in our possession concerning the pre-school child is considered applicable here.

The above surveys have provided a knowledge of the number and kind of dental operations required by the average child in each single age group.

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This, along with the length of time required for each type of operation, makes it possible to arrive at an estimate of the dental man-hours required for each child. Estimates of time per operation have been obtained from widely experienced dentists, and from formal time studies made in the United States.

The following table shows the basis for estimating the costs of treating dental caries in each single age group, 3 to 14 years:

- (1) To meet the "back-log" of filling needs.
- (2) To meet the annual increment of filling needs after the "back-log" has been met.

(The figure of \$8.00 per hour has been arbitrarily
chosen for illustration purposes)

To the cost of correcting dental defects there should be added the annual cost of certain basic services, i.e., examination, including X-rays; prophylaxis; topical sodium fluoride; instruction in oral hygiene, diet and nutrition. These require about 60 minutes per child, and would cost \$8.00 at the assumed basic rate.

To obtain the total cost of providing the above basic preventive services for any single age group, *while also meeting the back-log of filling needs*, add \$8.00 to the figure shown in the table on Page 4 for that service for the age group in question.

To obtain the total cost of providing the above basic preventive services, *while meeting only the annual increment of filling needs*, in any age group (after the back-log has been met) add \$8.00 to the figure shown in the table on Page 4 as the "cost of treating annual increment"—(a total of \$14.00 per capita for each age group up to 14 years—except for the 3 year age group, where the cost would be \$10.00). See Addendum A.

There are good reasons to believe that the cost of treating the annual increment of decay will decrease as preventive measures are progressively extended from the lower to the higher age groups; and that the cost of preventive services could be greatly reduced by having them performed by Dental Hygienists rather than by Dentists. In fact practically the total service listed in Addendum A as "Basic Preventive" could be performed by Hygienists.

(It is emphasized that the money figures used in this submission are chosen more for the purpose of illustration than as suggested rates. But it is thought that they are close approximations to a reasonable cost basis in the light of present day incomes.)

METHODS OF PAYMENT

Where the private dental office is to be employed, the following methods of payment may be used:

- (1) "Fee for service" basis. This requires itemizing the service, with a separ-

COSTS OF MEETING FILLING NEEDS

Age	3	4	5	6	7	8	9	10	11	12	13	14
% having decay	33%	50%	70%	80%	86%	92%	92%	88%	90%	93%	95%	97%
Average No. of cavities per child (total pop.)												
- Prim.	0.35	1.5	4.0	5.5	7.0	8.5	7.0	5.0	2.5			
- Perm.			0.5	0.8	1.7	2.1	3.5	4.8	6.3	8.1	10	12
Total No. Cavities	0.35	1.5	4.5	6.3	8.7	10.6	10.5	9.8	8.8	8.1	10.0	12.0
Dental Man-hours required to meet back-log of filling needs	1/4	3/4	2 1/4	3 1/4	4 1/2	5 1/4	5 1/4	5	4 1/2	4	5	6
Cost at \$8.00 per hr of meeting back-log of filling needs	\$2.00	6.00	18.00	26.00	36.00	42.00	42.00	40.00	36.00	32.00	40.00	48.00
Dental Man-hours * required to treat annual increment of decay by fillings	1/4	3/4	3/4	3/4	3/4	3/4	3/4	3/4	3/4	3/4	3/4	3/4
Average cost of treating annual increment of decay by fillings	\$2.00	6.00	6.00	6.00	6.00	6.00	6.00	6.00	6.00	6.00	6.00	6.00

(The average annual increment of decay is about 1.5 tooth surfaces per year)

* The time has been averaged out at 3/4 hr. for purposes of illustration, as no useful purpose can be served here by trying to show the difference in caries incidence at various ages.

Note: The above estimates are based on clinical findings obtained by mouth-mirror and explorer examinations. There is reason to believe that radiographic examinations would reveal about 50% more caries lesions.

HEALTH INSURANCE STUDIES

ate fee for each item. It is widely used (e.g. in Britain and by our Department of Veterans' Affairs) and open to many abuses.

(2) Capitation basis. If used in relation to the "back-log" of dental needs, a separate capitation basis would have to be set up for each single year age group. If used only in relation to the annual increment of dental disease, once the "back-log" has been completed, the same capitation basis could be used over all age groups up to 14 years—and probably further. However there are contradicting factors; one is the wide variation in the prevalence of caries as between certain areas—(e.g. Stratford, Ontario has 68% less than Sarnia); and if artificially fluoridated water proves effective, it will further aggravate this difficulty. Also, effective and expanding use of preventive measures, e.g., topical application of sodium fluoride, etc., may make it necessary to revise a capitation basis from time to time.

(3) Rate per hour. Theoretically, this method is not open to so many abuses as the "fee for service" method. It would not be affected by the factors referred to as affecting the capitation basis.

For purposes of estimating costs in terms of money, in the table on page 4, a \$6,000 income per annum for dentists has been assumed. (The true average varies considerably between provinces.) On the basis of a 1,500 hour working year, and an office overhead of 50% of the gross income, a dentist would have to receive \$8.00 per hour for his services. About 50% of gross is the overhead in practices rendering restorative services to adults. It is somewhat lower than this for conservative dentistry, especially for children. No figures are available at present.

ADDENDUM A.

A DENTAL MAINTENANCE SERVICE FOR CHILDREN, (annual), providing certain basic preventive services in addition to treating the annual crop of dental caries after the back-log has been eradicated.

Basic Preventive Service	(1) Prophylaxis	
Time — about 60 minutes	(2) Mouth examination and completion of a permanent record showing in detail any diseased conditions of the hard and soft tissues, and dental anomalies. (X-ray should be routine in child dental examinations)	
(All except the exam. could be done by Dental Hygienists, and in less time, as they could do group instruction)	(3) Instruction in oral hygiene	} To parents in the case of younger children
	(4) Instruction in diet and nutrition	
	(5) Topical sodium fluoride	

Treatment
Service

Time — about
45 minutes

(6) All need fillings. (There is an average annual increment of 1.5 decayed tooth surfaces per child from age 3 to 14 years. This increment rises to almost 2, from 14 to 20 years. About $\frac{1}{2}$ hour of dentist time per surface is required)

(7) Necessary extractions and minor oral surgery

Total time $1\frac{3}{4}$ hrs. at \$8.00 per hr. = \$14.00 per capita per annum.

Provision for Treatment by Specialist

In addition to the above routine type of care, provision should be made for Specialist services to care for cases requiring orthodontic treatment and major oral surgery.

Appendix B.

REPORT OF SUB-COMMITTEE ON PRE-PAYMENT PLAN

Recommendations:

1. The dental legal body of the Province apply to Provincial Government for incorporation of Company to administer a prepayment dental plan as laid down in the by-laws approved by the Board of Governors of the C.D.A. at their annual meeting in 1950.
2. That all prepayment dental plans set up in the Province must come under the direct administration of this incorporated company.
3. That all administration and accounting for the Company be carried out in a central office.
4. The Company have the power to authorize districts to appoint local committees for administration and accounting while pilot models are being set up for experimental purposes.
5. That local committees be composed of four local dentists and three lay members, with authority to appoint a business manager and office staff.
6. At the discretion of the Company a central office be established for all administration and accounting.
7. All accounts from dentists participating in the plan be submitted by the 10th of the month with a penalty of 5% to be charged on all accounts not submitted on or before this date.
8. If there is not sufficient funds in the treasury at the time accounts are submitted, the money available will be divided pro rata. The unpaid balance to be a debt against the company until it is paid.

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Master Chart

The Chart approved by the Dental Health Committee of the Ontario Dental Association be adopted by the Company. This chart to be prepared in duplicate with carbon paper. It will be completed by the dentist at the first time the patient presents himself at his office for treatment. One copy will be kept on file in his office and all operations recorded on it at future sittings. The second copy will be forwarded to the (Provincial) Dental Service office with his accounts at the end of the month. The (Provincial) Dental Service staff will record all future operations on this copy as they are performed.

Treatment Chart

The Treatment Chart will be completed in duplicate at each regular period that patient presents for treatment. The operation performed will be filled in on diagram of teeth, and the fee charged entered in space indicated for that purpose. One copy will be filed with the master chart. The second will be forwarded with month's account to the (Provincial) Dental Service.

Monthly Account Form

The monthly account form will be completed in duplicate. One copy will be retained by the dentist. The second will be forwarded to (Provincial) Dental Service office with Treatment Charts of all patients completed that month.

FEE SCHEDULE

Simple Alloy	\$2.50
2 Surface Alloy	3.75
3 Surface Alloy	5.00
Acrylic or Plastic	4.00
Cavity linings and pulp cappings included with fee for fillings	
Bitewing Radiographs (2) Annually	3.00
Prophylaxis	2.00
Extraction (with local anaesthetic)	2.00
Palliative Treatment	1.00

Under certain conditions, when difficult children are being treated and are time-consuming, fees can be charged on an hourly basis of \$8.00 per hour.

Also, when a number of small fillings can be inserted in an hour, the rate of \$8.00 per hour will be charged and not the fee for unit of service as listed above.

MONTHLY CHART

Patient's Name
Address
AGE

Date 19.....

CHART

HEALTH INSURANCE STUDIES

Tooth Numbers	Tooth Surface	Operation Performed	FEE		Tooth Numbers	Tooth Surface	Operation Performed	FEE	

.....
Signature

PROVINCIAL PRE-PAYMENT DENTAL PLAN ACCOUNT FORM

Dr. Address

MONTH of 19.....

PATIENT'S NAME		TOTAL		PATIENT'S NAME		TOTAL	

**(PROVINCIAL) DENTAL SERVICE
PREPAYMENT DENTAL PLAN
SUBSCRIBERS' INFORMATION**

Control and solution of the dental problem will not be achieved easily. There are a number of obstacles along the road to community dental health. First, of course, is the fact that virtually the entire population is affected by dental diseases. Next is the fact that control of dental caries (tooth decay), to be successful, depends on treatment being instituted early and repeated thereafter at regular periodic intervals. Dental care requires therapeutic procedures that are not readily subject to mass treatment; hence treatment is time-consuming and costly. Indifference to dental health has resulted in a burden of neglected, untreated dental disease so great that there are not sufficient dentists available to meet the present treatment needs of the entire population.

These needs are staggering. Their full extent in the population as a whole can only be guessed at, but some measure may be gained from the following data. There are approximately three million Canadian children between the ages of three and fourteen years. On the basis of recent caries and prevalence studies it has been estimated that they, alone, have a total of twenty-one and a half million untreated, decayed tooth surfaces. In order to fully meet the treatment of this group, comprising about one-fifth of the entire population, the full operating time of 7,200 dentists would be required for a period of one year, half again as many dentists, by the way, as Canada has available to attempt to meet the dental health needs of her whole population.

The immediate pressing need is for the reduction of the prevalence of untreated dental caries, by extensive application of the most dependable procedures available, namely early diagnosis and prompt treatment, before this disease has become well established.

Limitations must be imposed on the dental program because of shortage of personnel. The facilities that are available should be utilized on the basis of the number of children whose treatment needs can be met on a current basis, rather than in terms of securing limited dental services for the largest possible number of children. The program should start with the youngest age group in the community for whom local circumstances make possible the obtaining of complete treatment of existing needs during the first year, and whose recurring needs can be met thereafter on "annual crop" basis from year to year.

The plan outlined herein will include age groups three, four, five and six the first year. Each year thereafter it will include one additional age group, which will be the three year group. The groups previously admitted to the program will continue to receive such annual maintenance care as required.

Such an approach is, admittedly, a long-term, long-range proposition, but it is the only logical and practical approach. It offers, to the average community, the means whereby a constructive start can be made, using its avail-

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able resources, facilities, and dental manpower. At the end of ten years, the community dental program that has attacked its dental problem consistently and continuously in this manner will show a more lasting benefit to dental health in its school-age population than can be achieved in any attempt to stretch existing facilities in a widespread but futile effort to meet all the existing treatment needs of its entire school-age group at once.

The Dental Services included are:

1. Dental Examinations, two per calendar year at six-month periods.
2. Cleaning and polishing of teeth—two per calendar year.
3. Removal of teeth.
4. Fillings—amalgam, plastics, silicate, and other cements.
5. Bitewing radiographs (2) annually.
6. Emergency treatment for relief of pain.
7. Preventive services as authorized.

The following services are not included:

1. Dentures, bridges, inlays, crowns, and orthodontics, general anaesthetics, and house or hospital calls.
2. Fluorine (Topical).

Emergency Dental Service:

If, in an emergency, while eligible person is outside the area regularly served by Provincial Dental Service and not within reasonable access to a participating dentist, services covered by this certificate are rendered by a dentist not registered with Provincial Dental Service, it will pay to the dentist rendering such service the then prevailing fee of the Provincial Dental Service for such service.

The term “Emergency” service as used herein is defined to mean for relief of pain and evidence of such need must be provided by the dentist rendering the service before payment therefor is made. This provision shall not include services performed outside the area regularly served by participating dentists if the eligible person has left such area for the purpose of obtaining dental treatment or examinations.

Selection of Participating Dentist:

The subscriber or dependents shall have the right to select any participating dentist, and upon being accepted by such participating dentist, shall be subject to the rules and regulations he may have in effect. Participating dentist shall have the right either to decline or accept such eligible persons in accordance with the customs and practice now prevailing in the private practice of dentistry. Nothing contained in this certificate shall interfere with ordinary relationship that exists between a dentist and his patient. Provincial Dental Service does not undertake to supply a dentist for subscriber or dependents.

Provision for Change in Rate and Benefits:

Provincial Dental Service reserves the right to change the rate and benefits as outlined above on thirty (30) days written notice to the subscriber, such change to become effective on the date fixed in the notice unless the subscriber notifies his employer or Provincial Dental Service in writing any time not less than ten (10) days prior to such effective date of the notice of his desire to discontinue the service.

Certificate Year and Termination:

1. This certificate shall be for a period of twelve (12) months and is renewed automatically on a year to year basis subject to the right of cancellation by either party as provided in the following paragraph.

2. This certificate may be terminated by either the subscriber or Provincial Dental Service on thirty (30) days written notice with a pro rata refund of any fees paid in advance.

3. In the event the subscriber leaves the employ of the group through which he enrolled, this certificate may remain in force until the end of the certificate year, or beyond that time at the discretion of Provincial Dental Service provided fees are paid direct to the office of Provincial Dental Service quarterly in advance.

Payment of Rate, Term and Forfeiture:

- A. The subscriber agrees to pay (Provincial) Dental Service a registration fee of \$1.00 on acceptance of his application for a Dental Service certificate, unless otherwise provided.
- B. Failure of a subscriber to make any payment within ten (10) days after it is due will automatically terminate all rights under this certificate. Indulgence granted at any time or times shall not be construed as a waiver of these conditions.
- C. Neglect or refusal of recommended dental services may forfeit any rights to service under this certificate.

Reinstatement:

In the event of the failure of the subscriber to pay the monthly fees within the grace period outlined herein, this certificate shall be subject to reinstatement at the sole discretion of the (Provincial) Dental Service and upon such terms and conditions as it may determine.

Additional Charges for Services:

Participating dentists shall make no charge to the subscriber and dependents for services herein provided.

General Conditions:

1. When an eligible person applies for dental service, this certificate must be presented to the participating dentist from whom service is requested.

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(Provincial) Dental Service reserves the right to require reasonable evidence of dependency at time of application for dental service.

2. The subscriber hereby agrees that the participating dentist who renders service under the terms of this certificate shall furnish reports to (Provincial) Dental Service (which shall remain confidential) relative to the diagnosis and services given such person entitled to or claiming dental services under the terms of this contract.

3. The dental services to be provided under the certificate are for personal benefit of the eligible person and cannot be transferred or assigned; any attempt to assign the contract shall automatically terminate all rights thereunder.

4. (Provincial) Dental Service shall not be responsible for any disagreements, misunderstandings or suits at law arising out of the relationship between the participating dentist and the subscriber, or does (Provincial) Dental Service assume the responsibility for suits of malpractice which might arise from such relationship.

5. The subscriber hereby takes cognizance and agrees to be bound by the charter and By-laws of (Provincial) Dental Service as they presently exist or as they may hereafter from time to time be amended.

6. It is understood that the application submitted by the subscriber and this certificate shall constitute the entire contract between the parties.

7. No agent or employee is authorized to vary, add to, or change the certificate as set forth in any manner or degree. The issuance of this certificate cancels all previous certificates and all rights thereunder between the subscriber and (Provincial) Dental Service.

APPLICATION FOR DENTAL SERVICE CERTIFICATE
(PROVINCIAL) DENTAL SERVICE

Full Name
please print

Date of Birth

Home Address
please print

I am employed as by

whose address is

And hereby apply for a dental service certificate of the type checked below:

I understand that services as provided therein will become available as of the effective date of my certificate.

I hereby authorize and request my employer, until this authorization is revoked by written notice, to deduct each month from my earned or accrued wages due me, the amount of the monthly service charge as stated in my certificate, and to remit the same to (Provincial) Dental Service, it being under-

HEALTH INSURANCE STUDIES

stood that I may cancel this authorization by thirty (30) days written notice to my employer.

I understand and agree that dentists are to furnish reports to (Provincial) Dental Service relative to dental service rendered under the plan. If accepted as a member, I hereby agree to be bound by the Charter and By-laws, Rules and Regulations of (Provincial) Dental Service as presently existing or as they may hereafter from time to time be amended.

I also authorize my employer to deduct from my wages the sum of two (2) dollars for any broken appointment by my dependents listed below, upon written notice from the (Provincial) Dental Service. Any appointment not given twenty-four hours notice of cancellation will be considered a broken appointment.

Should this application be accepted, I agree to pay the sum of \$1.00 as a Registration Fee.

I request the following dependents be accepted for dental services under the (Provincial) Dental Service plan.

Name of Dependent Please print	Date of Birth	Monthly Fee
Age Three		\$1.50
Age Four		2.00
Age Five		2.25
Age Six		2.50
.....		
Applicant's Signature		

The monthly rates for the first year will be, Age 3—\$1.50, Age 4—\$2.00, Age 5—\$2.25, Age 6—\$2.50. These rates are necessary because of the accumulated dental needs of your community.

It is anticipated that the second year that a child is receiving treatment the rate will be considerably reduced. The rates for the second year will be arrived at by the board from the amount of treatment necessary in the last six months of the first year.

AMENDMENTS TO REPORT OF SUB-COMMITTEE
ON PRE-PAYMENT PLAN

(as made at meeting of Committee 29 March '52)

(on page 2 under)

FEE SCHEDULE

Simple Alloy	\$2.00
2 Surface Alloy	4.00
3 Surface Alloy	6.00
Acrylic or Plastic	5.00
Cavity lining and Pulp cappings included with fee for fillings	

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Bilateral Bitewing Radiographs Annually	3.00
Prophylaxis and Professional Advice (at 6 mos. interval)	4.00
Extraction (with local anaesthetic)	3.00
Emergency Treatment	2.00

(on page
7 under)

THE DENTAL SERVICES INCLUDED ARE:

1. Dental Examinations, two per calendar year at six-month periods.
2. Prophylaxis and Professional advice—two per calendar year. (6 mos. interval).
3. Removal of Teeth.
4. Fillings—amalgam, plastics, silicate, and other cements.
5. Bitewing radiographs (2) annually.
6. Emergency treatment for relief of pain.

HEALTH INSURANCE STUDIES

TABLE 1

Appendix C.

PREVALENCE OF VARIOUS DENTAL CONDITIONS PER CAPITA AT AGE SPECIFIC LEVELS

Defect Age	D.M.F. Sur- faces	d.e.f. Sur- faces	Open Cari- ous Sur- faces	Teeth to be Extrac- -ted	Space Main- tainers Needed	Root Canals Needed	Frac- -tured Teeth	Periapi- -cal x-rays Needed	Gingi- -val Condi- -tions
2		.62 (31)	.62 (31)						
3		2.76 (34)	2.76 (34)		*.10				
4		4.59 (50)	4.32 (50)	.28 (50)	*.30				
5	.24 (471)	6.37 (273)	6.00 (797)	.52 (1319)	.40 (625)		.0003 (172)	.100 (172)	.011 (625)
6	.72 (777)	7.97 (97)	6.47 (740)	.65 (2149)	.40 (1096)		.002 (163)	.049 (163)	.013 (1096)
7	1.63 (944)	9.15 (122)	7.20 (845)	.71 (2301)	.39 (1212)		.008 (163)	.024 (163)	.015 (1186)
8	2.74 (947)	9.98 (133)	7.16 (842)	.75 (2229)	.34 (1197)		.019 (157)	.052 (157)	.023 (1197)
9	4.03 (889)	8.34 (112)	6.57 (816)	.56 (2056)	.25 (1044)	.037 (150)	.026 (150)	.145 (150)	.032 (1044)
10	5.28 (825)	5.74 (109)	5.17 (740)	.37 (1939)	.12 (1062)	.045 (158)	.036 (158)	.176 (158)	.044 (1062)
11	6.82 (843)	3.16 (123)	4.08 (778)	.31 (1879)	.04 (986)	.054 (159)	.052 (159)	.175 (159)	.062 (997)
12	8.52 (828)	1.27 (93)	3.60 (742)	.24 (1835)	.004 (944)	.037 (148)	.066 (148)	.149 (148)	.079 (944)
13	10.64 (663)	.65 (76)	4.73 (581)	.22 (1579)	.0003 (823)	.056 (148)	.079 (148)	.170 (148)	.095 (781)
14	13.27 (242)	.36 (31)	6.35 (178)	.40 (599)		.087 (147)	.094 (147)	.193 (147)	.095 (468)
15	15.53 (114)	.12 (4)	8.52 (4)	.33 (177)		*.09	*.10	*.21	.101 (102)
16	18.14 (123)		*9.5	.17 (18)		*.09	*.11	*.22	.107 (18)

Note: Numbers in brackets are sample size.

* -- Projected estimates where no information was available.

TABLE 2

YEARLY INCREMENTS IN DENTAL DEFECTS
OR PREVENTIVE TREATMENT PER CAPITA

Treat- ment Age Interval	Prophy -laxiz	New Carious Sur- faces	Extrac -tions	Space Main- tainers	Peria- pical X-Rays	Bite Wing X-Rays	Root Canal	Gingi- val	Frac- tured Teeth
2-3	2.	2.1			.02	2.			
3-4	2.	1.8		.05	.02	2.		.005	
4-5	2.	2.0		.05	.02	2.		.005	.01
5-6	2.	2.2		.05	.02	2.		.005	.01
6-7	2.	2.1		.05	.02	2.		.005	.01
7-8	2.	1.8		.05	.02	2.		.005	.01
8-9	2.	1.3			.02	2.	.01	.005	.01
9-10	2.	1.2			.02	2.	.01	.005	.01
10-11	2.	1.5			.02	2.	.01	.005	.01
11-12	2.	1.7			.02	2.	.01	.005	.01
12-13	2.	2.1			.02	2.	.01	.005	.01
13-14	2.	2.6			.02	2.	.01	.005	.01
14-15	2.	2.3			.02	2.	.01	.005	.01
15-16	2.	2.6			.02	2.	.01	.005	.01

TABLE 3-A
DISTRIBUTION OF CHAIR TIME AND COST ATTRIBUTABLE
TO VARIOUS CONDITIONS
FOR TREATMENT BACK-LOG AND FOR INCREMENT SERVICES
CHAIR TIME

Condi- tion	Prophy -laxis	Carious Sur- faces	Extrac -tion	Space- Main- tainers	Peria- pical X-Rays	2 Bite Wing X-Rays	Root Canal	Gingi- val	Frac- tured Teeth
Unit Time Hours	.5	.25	.2 (12 min)	1.0	.1 (6 min)	.1	2.0	2.0	2.0
Back- Treat- ment, % of Total	-	74.45	3.95	8.40	.57	-	3.55	4.84	3.95
Incre- ment % of Total	57.28	27.95	-	1.02	.12	11.46	.65	.53	.98

TABLE 3-B
COST

Condi- tion	Prophy -laxis	Carious Sur- faces	Extrac -tion	Space Main- tainers	Peria- pical X-Rays	Bite Wing X-Rays	Root Canal	Gingi- val	Frac- tured Teeth
Unit Cost	3.00	2.00	2.00	15.00	2.00	1.00 (each)	15.00	10.00	20.00
Back- Treat- ment % of Total	-	68.73	4.56	14.56	1.36	-	3.08	2.80	4.90
Incre- ment % of Total	38.05	37.10	-	2.54	.38	19.03	.82	.44	1.63

TABLE 4
DENTAL CHAIR TIME IN HOURS FOR TREATING THE CHILDREN OF A HYPOTHETICAL POPULATION OF 60,000 PEOPLE

Initial Ages Cover- ed	No. of Chil- dren in first year	Hours Estimated Time for Initial and Succeeding Years														
		1*	2+	3	4	5	6	7	8	9	10	11	12	13	14	15
2-	1,000	1,882	3,594	5,376	7,208	9,015	10,747	12,324	13,876	15,503	17,180	18,957	20,859	22,686	24,588	26,490
2 and 3	2,000	4,384	5,376	7,208	9,015	10,747	12,324	13,876	15,503	17,180	18,957	20,859	22,686	24,588	26,490	
2-4	3,000	7,602	7,208	9,015	10,747	12,324	13,876	15,503	17,180	18,957	20,859	22,686	24,588	26,490		
2-5	4,000	11,470	9,015	10,747	12,324	13,876	15,503	17,180	18,957	20,859	22,686	24,588	26,490			
2-6	5,000	15,460	10,747	12,324	13,876	15,503	17,180	18,957	20,859	22,686	24,588	26,490				
2-7	6,000	19,572	12,324	13,876	15,503	17,180	18,957	20,859	22,686	24,588	26,490					
2-8	7,000	23,519	13,876	15,503	17,180	18,957	20,859	22,686	24,588	26,490						
2-9	8,000	27,280	15,503	17,180	18,957	20,859	22,686	24,588	26,490							
2-10	9,000	30,661	17,180	18,957	20,859	22,686	24,588	26,490								
2-11	10,000	33,813	18,957	20,859	22,686	24,588	26,490									
2-12	11,000	36,921	20,859	22,686	24,588	26,490										
2-13	12,000	40,527	22,686	24,588	26,490											
2-14	13,000	44,593	24,588	26,490												
2-15	14,000	49,294	26,490													
2-16	15,000	54,241														

* Initial year contains a yearly increment in addition to back treatment load.

+ Succeeding years contain back log for 2 year olds plus increments for older generations.

* Initial year contains a yearly increment in addition to back treatment load.

+ Succeeding years contain back log for 2 year olds plus increments for older generations.

TABLE 5
DENTAL TREATMENT COSTS FOR A HYPOTHETICAL POPULATION OF 60,000 PEOPLE

Initial Age - Groups	No. of Children	Estimated Dollar Cost For Initial and Succeeding Years														
		1*	2+	3	4	5	6	7	8	9	10	11	12	13	14	15
2-	1,000	13482	25920	38960	52400	65640	78280	89320	100160	111600	123440	136080	149720	162760	175400	188040
2 and 3	2,000	32940	38960	52400	65640	78280	89320	100160	111600	123440	136080	149720	162760	175400	188040	
2-4	3,000	59680	52400	65640	78280	89320	100160	111600	123440	136080	149720	162760	175400	188040		
2-5	4,000	92476	65640	78280	89320	100160	111600	123440	136080	149720	162760	175400	188040			
2-6	5,000	126224	78280	89320	100160	111600	123440	136080	149720	162760	175400	188040				
2-7	6,000	160892	89320	100160	111600	123440	136080	149720	162760	175400	188040					
2-8	7,000	193566	100160	111600	123440	136080	149720	162760	175400	188040						
2-9	8,000	224101	111600	123440	136080	149720	162760	175400	188040							
2-10	9,000	250608	123440	136080	149720	162760	175400	188040								
2-11	10,000	274648	136080	149720	162760	175400	188040									
2-12	11,000	297991	149720	162760	175400	188040										
2-13	12,000	325286	162760	175400	188040											
2-14	13,000	356347	175400	188040												
2-15	14,000	391467	188040													
2-16	15,000	428507														

* Initial year contains a yearly increment in addition to back treatment load.

+ Succeeding years contain back log for 2 year olds plus increments for older generations.

* Initial year contains a yearly increment in addition to back treatment load.
+ Succeeding years contain back log for 2 year olds plus increments for older generations.

Appendix D.

**REPORT OF INDUSTRIAL DENTISTRY COMMITTEE
TO
HEALTH INSURANCE STUDIES COMMITTEE**

The Industrial Dentistry Committee, having studied the possibility of adapting your Prepayment Plan to industrial dental services, begs to report as follows:

1. All industrial dental services advocated by this Committee are based on education which must precede or form part of any dental program, whether diagnostic or restorative. This is clearly expressed on page 33 of the booklet "Industrial Dental Services" prepared by this Committee and recently published by the C.D.A.
2. Any industry which has followed the directives given in the said booklet has an educational program for its employees, which could with little extra expense be extended to their dependents.
3. These dependents would thus be in the favourable position of having met the prerequisite requirements of your Committee and your Plan could favourably be introduced in an area inhabited by such dependents.
4. Many of these dependents will soon become employees of industry.
5. Industries interested in Industrial Dental Services are also interested in the cost of these services.
6. The success of your Plan will in time, and more so if and when its age limit is increased, considerably reduce the cost and limit the field of Industrial Dental Services as these services probably will gradually be integrated in your Plan.
7. Industries which have Industrial Dental Services should logically therefore be interested in your Plan.
8. This Committee therefore recommends to your Committee that an attempt be made through the Canadian Dental Association Corporate Members, to interest those industries which already have Industrial Dental Services advocated by this Committee in the financing, through grants, of your proposed test plans in various areas. If industry is not interested in the test plans, this Committee finds no possibility at the present time of adapting your plan to industrial dental services.
9. This Committee is of the opinion that provision should be made in your Plan, for dependents to unconditionally continue under the Plan after they have ceased to be dependents or reached the age limit, providing they have fulfilled all their obligations during the entire time they were insured.

The whole respectfully submitted,
(Signed)

C. ABERDEEN E. McCABE
C. Aberdeen E. McCabe, Chairman,
Industrial Dentistry Committee, C.D.A.

HEALTH INSURANCE STUDIES

COMMENT

1. This section being informative, no comment was made.
2. Agreed.
3. Commend.
4. (a)—Noted.
(b)—We feel that the schedule of fees as presented by the Health Insurance Studies Committee is reasonably adequate as a basis of computation only.
(c) tation only.
(d)—Commend.
(e)—No comment.
(f)—Noted.
(g)—Noted.
5. Agreed.
6. Commend.
7. Agreed.

We commend the Committee for their excellent and extensive work in the past year.

APPROVED

TRUSTEES: T. HOWARD GRAHAM, Chairman, Toronto, Ont.; R. P. LOWERY, Toronto, Ont.;
DON W. GULLETT, Toronto, Ont.

REPORT

1. The library has continued to expand during the year through the purchase of books as published, in both French and English. Gifts from numerous donors, consisting of books of historical interest, have also been received.
2. Already a modest circulation has occurred which is indicative of interest among members. Particularly is this true for the reason that publicity of the library facilities has not been circulated.
3. Considerable use has been made of the reading room facilities.
4. A catalogue of the library is under preparation and will be sent each member of the Association in the near future. After publication of the catalogue it is proposed to publish lists of newly acquired books in the Journal, from time to time.
5. Donations from the membership since the last Annual Meeting have amounted to \$2,030.00. The purchase of books is supported by voluntary contributions to the Library Trust Fund. Such contributions are deductible items for income tax purposes. It is hoped to build a fund that will assure the future purchase of books. The monies donated are presently used in their entirety for the purchase of books, as the costs of administration are undertaken by the Association.
6. The objective of the library is to encourage its use by the membership.
7. This report is informational in character and no recommendations are made.

COMMENT AND ACTION

1. to 7. We note with great pleasure the use and expansion of the library, and endorse the principle of "building a fund that will assure the future purchase of books". It is noted that donations to this fund are exempt from taxation.

We commend the trustees for their interest and activity.

APPROVED

ORTHODONTIC SECTION

ORTHODONTIC SECTION: RAYBURN R. McINTYRE, Chairman, Calgary, Alta.; BRAITHWAITE DIXON, Secretary, Ottawa, Ont.

REPORT

At the last meeting of the Board of Governors of the Canadian Dental Association held in Ottawa, September 17-20, 1951, the Chairman of the Orthodontic Section presented his report which was adopted with certain modifications. There was attached to this report an appendix "A" which dealt entirely with the By-laws of this Section, these also were approved.

At a properly authorized meeting of the Orthodontic Section of the C.D.A. held in the Jefferson Hotel, St. Louis, Mo., Monday, April 22nd, 1952, the following resolution was passed:

1. That the Immediate Past Chairman of the Orthodontic Section present to the Annual Meeting of the C.D.A. the report of this Section's activities during his term of office.
2. It is with considerable pride that we announce the George W. Grieve Memorial Fund of \$5,000.00 has been fully subscribed. The objectives of this Fund are set forth in the terms of reference with which you are familiar.
3. This Section being financially self-sustaining no budget is presented.
4. We desire to express to Dr. D. W. Gullett and his staff our sincere appreciation of their many kindnesses and services during the past year.

The foregoing is respectfully submitted.

COMMENT AND ACTION

(A) As the nature of the first two paragraphs is only informative, we have no comment to offer.

(B) Resolutions

1. We concur in the decision of the Section to have the immediate past-president of the Section present a report at the Annual Meeting of the C.D.A.
2. It is with great pleasure that we note that the objective of the George W. Grieve Memorial Fund has been reached, but we would like to point out that the subscription list has not closed, as the content of the original report may lead to think.
3. This Section being self-sustaining, no budget is attached to the report.
4. We understand the good assistance received from Dr. Gullett and his staff.

ORTHODONTIC SECTION

- (C) We wish to congratulate the Section for the excellent work accomplished during the year.

We may also add, for the information of the membership, that the annual lecture that should be presented this year at the Annual Meeting of the C.D.A. (Transactions of the C.D.A. 1951, page 143) has been postponed until November, when the Great Lakes Society of Orthodontists will hold a meeting in Toronto during November 1952. Permission was asked by the Section and granted by the Executive Committee.

APPROVED

HOUSING

MEMBERS OF HOUSING COMMITTEE: R. P. LOWERY, Chairman, Toronto, Ont.; HARVEY W. REID, Toronto, Ont.; G. V. FISK, Toronto, Ont.

REPORT

1. Our Headquarters building at 234 St. George Street is a credit to the Dental Profession.
2. Our commitments re architects and building contractors have been consummated.
3. An additional basement room has been fitted to provide much needed shelving space.
4. Necessary repairing of chimneys and roof is being proceeded with.
5. Landscaping in a modest way is being taken care of, adding to the general good appearance of the neighbourhood.
6. Gifts from individual dentists and dental societies are very much appreciated and have been placed in appropriate locations in the building.
7. Your Committee is greatly encouraged by the continuing participation of the Corporate Members, not only in fulfilling their initial commitments but also by the very generous "extra mile" contributions.

Objectives

1. Liquidation of mortgage when due in 1953.
2. Repayment of loan of \$15,000.00 from reserve account as soon as possible.
3. To continually keep property in A1 state of repair.

These worthy objectives are a challenge to all of us and we feel certain will be accepted as such. The fact that so many who have not had the opportunity of visiting our Headquarters and who perhaps never will have that opportunity, are nevertheless contributing with their encouragement, is ever a challenge to the Housing Committee of the Canadian Dental Association.

Financial Statement

Corporate Members' voluntary contributions and 1953 budget are submitted as Appendices A. and B. Statement of Receipts and Disbursements for the year 1951 will be found on page 9 of the Auditor's Statement.

Appendix A.

GRANTS TO HOUSING FUND
from
CORPORATE MEMBERS
as of May 1st, 1952

	1950	1951	1952	1953	1954	1955	1956	Totals
British Columbia ..	\$ 5,000.							\$ 5,000.
Alberta	3,000.	1,505.	1,500.					6,005.
Saskatchewan	3,000.		1,000.					4,000.
Manitoba	2,500.	2,500.						5,000.
Ontario	40,000.							40,000.
Quebec		3,000.	1,000.	1,000.	1,000.	1,000.	1,000.	8,000.
New Brunswick	500.	500.	500.	500.				2,000.
Nova Scotia	1,000.	950.						1,950.
Prince Edward Is. ..	255.							255.
Newfoundland	240.							240.
								\$72,450.
Total amount received to date								\$64,950.
Total amount promised for future payment to date								7,500.
								\$72,450.

1st May '52.

Appendix B.

1953
OPERATING BUDGET

Revenue			
C.D.A. Rent	\$ 3,600.00		
R.C.D.S. Rent	1,260.00		
O.D.A. Rent	696.00	\$ 5,556.00	
Expenditures			
Taxes	\$ 700.00		
Electricity	425.00		
Water	20.00		
Gas	250.00		
Oil	600.00		
Janitor Services	750.00		
Cleaning—Windows, etc.	100.00		
Janitor Supplies	150.00		
Toilet Supplies	100.00		
Audit	60.00		
Insurance	275.00		
Interest on Mortgage	425.00		
Payment on Mortgage	1,000.00		
Estimate for repairs	600.00	\$ 5,455.00	
SURPLUS		\$ 101.00	

HOUSING

COMMENT AND ACTION

1. Agreed.
2. We like to express our satisfaction on the action of the Committee in this regard.
3. to 5. We commend the members of the Committee for their energy and zeal in arranging additional facilities and the attentive care given to to each part of the building. We want to congratulate them especially for the nice landscaping and plantations.
6. All gifts to the headquarters are gratefully acknowledged. It is recommended, in an effort to maintain the existing harmonious interior atmosphere, that contributions from individuals or groups be given after consultation.
7. Concurred.

Objectives

All agreed.

We commend this Committee for the excellent work performed during the past year.

APPROVED

MEMBERS OF INDUSTRIAL DENTISTRY COMMITTEE: C. A. E. McCABE, Chairman, Valleyfield, P.Q.; D. W. HENRY, Montreal, P.Q.; V. DUBE, Montreal, P.Q.; GASTON LAJOIE, Montreal, P.Q.

REPORT

1. Your Committee desires to report that two meetings of the Industrial Dentistry Committee have been held, since the last Annual Meeting of this Board.
2. At these meetings, your Committee endeavoured to implement the numerous recommendations adopted by this Board at its Ottawa Meeting, as follows:
3. A Sub-committee was formed under the chairmanship of Dr. Don W. Henry to further study and seek information towards the compilation of the Directory of Industrial Firms operating or interested in dental health projects. The Sub-committee has reported progress to your Committee; a copy of its preliminary report is attached to this report as Appendix A.
4. A second Sub-committee was formed under the chairmanship of Dr. Gaston Lajoie to further study and gather information as described in the 1951 transactions of the Canadian Dental Association, pages 138 - 139, paragraph 4, towards the preparation of the bibliography of educational material on preventive dentistry for the use of industrial dentists and possibly other members of industrial health staffs. This Sub-committee has also reported progress and your Committee attaches to this report as Appendix B. a copy of the progress report.
5. Your Committee formed a third Sub-committee under the chairmanship of Dr. V. Dubé to gather information for the compilation of the bibliography for the use of industrial dentists, with subject matter concerning the diagnosis of dental industrial hazards and occupational diseases. A copy of its interim report is attached to this report as Appendix C.
6. Your Committee studied the possibility of adapting your Health Insurance Studies Committee's Pre-Payment Plan to Industrial Dental Services. Your Committee congratulated your Health Insurance Studies Committee for its very carefully prepared plan and presents its Report to the said Health Insurance Studies Committee. A copy of the Report presented appears as Appendix D. to the Report of the Health Insurance Studies Committee.
7. Your Committee studied the Chicago Dental Society Industrial Diagnostic Service. In view of items No. 11 to 15 of this Report, your Committee tabled this plan for study by the incoming Committee.
8. Your Committee was able to take advantage of the invitations received from the American Association of Industrial Dentists. Dr. Don Henry

INDUSTRIAL DENTISTRY

covered the meetings at no expense to your Committee. It is hoped that any Committee responsible in the future for the study of industrial dental services shall have a budget that will allow expenses for attendance of a member at the meetings of the American Association of Industrial Dentists.

9. Your Committee requested the Department of National Health and Welfare to publish in their "Industrial Health Bulletin" a review of the booklet "Industrial Dental Services", with a special notation that the booklet may be obtained from C.D.A. Headquarters. The said review will probably appear in the April issue.
10. Your Committee forwarded to your Public Relations Committee subject matter for press release purposes. Your Committee feeling that this was an excellent opportunity to publicize the booklet "Industrial Dental Services" in accordance with the recommendations of this Board, prepared the subject matter with this end in view.
11. The Chairman of your Committee, as you know, is also a member of your Health Insurance Studies Committee. Up to now he more or less served as a liaison between your two Committees. This arrangement was quite satisfactory in the incipient stages, when Health Insurance was thought of as a future compulsory measure, national in character, and Industrial Dental Services as a localized voluntary measure.
12. Evolution of thought in Medicine and Dentistry has caused Health Insurance to become Voluntary Pre-Payment Plans, which may be localized or generalized and correspondence received by your two Committees proves industry's and industrial labour organizations' interest in Pre-Payment Plans.
13. As this meeting progresses you will realize that the duties of both Committees are so closely related that a liaison between the two Committees is no longer sufficient. Having two Committees advise industry and labour organization on dental health services could be dangerous; a slight difference in the opinions expressed might jeopardize your Pre-Payment Plan and Industrial Dental Services.
14. The crawling stage is at an end. Plans are developing so rapidly that the time is ripe for an amalgamation if unity of thought is to be maintained in the C.D.A. Your Committee has taken cognizance of a resolution passed at the last meeting of your Executive which has this end in view. Your Committee requests the privilege of endorsing the said resolution and of recommending its adoption by this Board.
15. Due to the above mentioned recent developments in industrial dental services, your Committee revised the recommendations made earlier in the year to your By-laws Committee and recommended that the Terms of Reference for Committees be so modified as to transfer the duties of this Committee to your Health Insurance Studies Committee.

16. The implementing of the above recommendation will considerably increase the work of your Health Insurance Studies Committee. Your Committee therefore also recommended that provision be made to increase if necessary the number of members on the Health Insurance Studies Committee.
17. Your Committee has informed your Nominating and Health Insurance Studies Committee of its above recommendations made to your By-laws Committee.
18. Your Committee prepared a budget report for the benefit of the Chairman of the Health Insurance Studies Committee indicating that increased expenses should be provided for in his budget if the above recommendations are implemented.
19. Your Committee received a copy of a circular written up by a joint committee of an International Union Local, for the benefit of the employees of a paper industry. The circular gave the broad lines of a proposed plan for dental services. A letter accompanying this circular requested your Committee's opinion as regards specific questions relating to the plan. Your Committee's reply stressed the non conformity of their plan with the C.D.A. Recommendations. The proposal being a pre-payment treatment service plan, copy of the correspondence was forwarded to your Health Insurance Studies Committee for further consideration.
20. Your Committee wishes to convey its thanks, through this Board to the Department of National Health and Welfare for the helpful suggestions and cooperation received from the said Department throughout the year.
21. The Chairman of your Committee wishes to express his thanks to the members of this Committee for their whole-hearted cooperation, to the sub-committees, for their effort and to this Board for having had the most agreeable duty of serving and directing the work of this Committee from the first day of its existence — a period of six years.

Summary of Recommendations

1. Item 14 — Your Committee requests the privilege of endorsing the Executive's Recommendation and of recommending its adoption by the Board.
2. Item 15 — Your Committee recommended to your By-laws Committee that the Terms of Reference for Committees be so modified as to transfer the duties of this Committee to your Health Insurance Studies Committee.
3. Item 16 — Your Committee further recommended to your By-laws Committee that provision be made to increase, if necessary, the number of members on your Health Insurance Studies Committee.

The whole respectfully submitted.

REPORT OF SUB-COMMITTEE
ON
COMPILATION OF DIRECTORY
OF
INDUSTRIAL FIRMS

I have the honour to present the report of Sub-committee A which is charged with compiling a Directory of Industrial plants in Canada which (a) have in operation a plan for providing dental services for their employees or (b) are interested in adopting such a plan or plans in the future.

Much correspondence has been entered into in an attempt to compile such a Directory. Not all the replies have as yet been received. All the Provincial Boards have been contacted and while little definite information has been received it would appear that with further effort, a Directory can be completed.

Letters have been sent to each of the Provincial Boards of Health (Dental Division) seeking information. No replies have yet been received. Also the Federal Department of National Health and Welfare has been contacted and a most helpful reply received.

From all information received to date it appears there are not many Industries using dental services. Known plans are as follows:

1. Molson's Brewery — Montreal. Has a part time dentist for diagnosis and treatment.
2. Metropolitan Life Insurance Co. — Ottawa. Has a part time dentist. Scope of plan unknown.
3. Steel Company of Canada — Hamilton. Has a part time dentist. Scope of plan not known but believed to be diagnostic only.
4. Department of National Health and Welfare — Pilot Model for Government employees.

Rumoured plans are as follows:

1. Parmenter and Bullock, Gananoque, Ont. — (Information requested. Unknown whether it has been put into effect).
2. A 5 cents to \$1.00 Store in Montreal — More details should be sought on this.
3. A Paper Company in Three Rivers has a Union which appears to be interested in some scheme more along the line of Dental Health Insurance.
4. A number of plants in Alberta would appear to have an interest in Industrial Dental Services.

Respectfully submitted,

(Signed) D. W. Henry

**REPORT OF SUB-COMMITTEE
ON
PREPARATION OF BIBLIOGRAPHY OF EDUCATIONAL
MATERIAL ON PREVENTIVE DENTISTRY**

Montreal, April 17th, 1952.

I am pleased to present to the Committee of Industrial Dentistry my report of a bibliography on Industrial Dental Hygiene.

A circular letter (of which you will find enclosed a sample) was sent for material to twelve different associations.

The following answered were received:

1. Dr. H. K. Brown, D.D.S., Chief,
Dental Health Division,
Dept. of National Health and Welfare, Ottawa.
2. Dr. F. J. Walters, D.D.S.,
Clinical Investigation Br.,
Div. of Occupational Health, Cincinnati, Ohio, U.S.A.
3. Mr. Warren Finlay,
Assistant to the Secretary, C.D.A.
4. Mrs. Minnie Orfanos, Acting Librarian,
Northwestern University, Chicago, U.S.A.
5. Dr. L. J. Bonneau, D.H.D.P.,
Ministère de la Santé Provinciale,
Section d'Hygiène Dentaire, Québec, P.Q.
6. Dr. Gabriel Lord, D.D.S.,
Ligue d'Hygiène Dentaire de la Province de Québec.
7. Dr. Adélarde Groulx, M.D.,
Chef du Service de Santé de Montréal, P.Q.

Special mention should be made for Dr. H. K. Brown of the Department of National Health and Welfare, Mr. Warren Finlay of the C.D.A., Mrs. Minnie Orfanos of Northwestern University, for the useful material they sent me.

I am still waiting for other answers, and will forward all the correspondence received when requested. I believe that what I have on hand at the present should be enough to start a fair sized bibliography.

(Signed) J. Gaston Lajoie

**REPORT OF SUB-COMMITTEE
ON
DIAGNOSIS OF DENTAL INDUSTRIAL HAZARDS
AND OCCUPATIONAL DISEASES**

I take great pleasure in presenting you with the report of Sub-committee C, which is charged with compiling (a) diagnosis of dental industrial hazards (b) oral manifestations of occupational diseases.

I was very much impressed by the correspondence received and, in particular, the interest that it revealed on the subject.

Letters have been sent to Universities, Associations, Federal and Provincial Boards of Health (Dental Division) seeking information. A great many replies have been recently received from these sources and we anticipate acknowledgement from the remaining few, in the near future.

From compilation received to date it appears to me that nothing too definite on the subject could be established, although remarkable interest has been shown by the following:

1. Dr. H. K. Brown, Chief Dental Health Division, Federal Gov't.
2. Dr. H. A. Swales, C.D.A. Dental Public Health Committee.
3. Federal Security Agency, Washington, D.C.
4. Dr. E. R. Aston, Industrial Dental Consultant Bureau of Industrial Hygiene.
5. Mr. J. C. Whitelaw, Canadian Manufacturers Association.
6. Mrs. M. Orfanos, acting Librarian with Northwestern University Dental School, Chicago.
7. Universities of Toronto and Dalhousie.
8. Dr. L. J. Bonneau, D.D.S., D.H.D.P., Ministère de la Santé, Québec.
9. National Film Board.
10. The National Medical and Biological Film Library.

Others to Come:

1. Université de Montréal.
2. McGill University.
3. University of Alberta.

I understand that the aforementioned universities are currently engaged with examinations. Consequently we must assume that there will be a certain delay before this matter receives due consideration.

Respectfully submitted,

(Signed) V. A. Dubé

COMMENT AND ACTION

1. to 5. We are pleased to commend the Chairman and members of the Industrial Dentistry Committee for their initiative, in supplementing the recommendations adopted at the Ottawa meeting.
6. & 7. Approved.
8. Suggestion be referred to Finance Committee.
9. We commend the review of the booklet "Industrial Dental Services" and note it did appear in the April issue of "Industrial Health Bulletin".
10. Approved.
11. No comment.
12. & 13. Agreed.
14. Approved.
15. Agreed.
16. Endorsed.
17. Approved.
18. No comment.
19. Approved and the action of the Committee in clarifying by letter the policy of the C.D.A. commended.
20. Approved.
21. We again wish to express our sincere thanks to the Chairman of this Committee who has so ably carried on over a period of years in directing the work on Industrial Dentistry.

Recommendations

1. 2. & 3. Agreed.

APPROVED

MEMBERS OF DENTAL PUBLIC HEALTH COMMITTEE: H. A. SWALES, Chairman, Toronto, Ont.; GLEN MITTON, Toronto, Ont.; R. R. BUTLER, Toronto, Ont.; S. A. MacGREGOR, Toronto, Ont.

REPORT

(1) Your Dental Public Health Committee wishes to greet you in this (far Western Pacific) province where Dental Public Health activity has moved along at such a rapid pace. Within the last three or four years this province of British Columbia has shown what can be accomplished when the government, organized dentistry and the individual dentist work together. In a report of this kind one should not pass too many bouquets to a particular group, especially by way of comparison, let me assure you that is not the intention now, but where credit is due it must be given and this British Columbia Dental Public Health Committee certainly has an enviable record in progress made. I am sure everyone attending this meeting will hear something of the Dental Public Health plan in operation in this province and I hope will take away from here some of the enthusiasm that those responsible for the plan possess.

(2) Since the Ottawa Meeting, which does not seem so long ago, your Committee has been working along, hoping for some semblance of uniformity among provincial committees, fashioned after the Canadian Dental Association. This was suggested by the Secretary in his report last year for all Canadian Dental Association committees. I know this is hard to bring about, due to wide variations in personnel, geography, etc., but you would be surprised to see this taking shape, as reports come in from the different provinces. Actually our problem is basically the same, only methods and mode of application differ.

(3) I am about to bring up the subject of fluoridation and to express a plea for uniformity in our approach. We have a Research Committee manned by very able committee men and chaired by an excellent chairman. Dental Public Health Committees are right in the middle of fluoridation programs.

(4) Mention was made last year in my report about the news clipping service which supplies each committee chairman with newspaper articles related to the dental topics of interest to his committee. This service is still maintained by the Canadian Dental Association. I suggested last year that some care should be given to the type of dental material released. The C.D.A. is to be congratulated for the way news releases are handled during the convention session. If every local association was to make a similar attempt I feel we could improve a lot in the type of material released.

(5) We suggested last year that some changes should be made in the "Terms of Reference" for our committee. It was felt that any change made now might confuse groups attempting to pattern programs after the Canadian Dental Association policy. When we have complete uniformity, agreed upon changes will be beneficial to a much larger group.

(6) Your Committee was able to cooperate with the Dental Division of the Department of National Health and Welfare at Ottawa in arranging a booth for display at London, England, in July of this year. We will have samples of all our material and general information about Dental Public Health in Canada. Two girls will be in attendance at the booths. Dr. S. A. MacGregor, a member of our Committee, who is attending the London Meeting, will instruct these girls and be present to answer any questions. This presentation should do much to acquaint those attending that meeting with what we are endeavouring to do in Canada with our Dental Public Health problems.

(7) We had hoped to prepare more material this year. At time of writing this report, one catalogue type of pamphlet has been prepared and sent to the provincial chairmen, listing films and filmstrips, which are available from film board offices across Canada. A similar type of pamphlet listing our educational material and a couple of others dealing with the carbohydrate question and tooth brushing technique are being prepared.

(8) Our main production effort has been on the text-book type I mentioned last year, "Your Child and Mine". This title may be changed but the text is all completed and I think we shall be very proud of it and feel it will fill a great need. At time of writing negotiations for the raising of funds to get the book printed are underway. It is my hope that when this report is given the book will be available.

(9) Detail reports on provincial activities are based on letters from the Registrars or Dental Public Health Chairman of that province. These letters do not, I am sure, give a complete picture of what work is being carried on. As I said last year, someone should be able to visit every province to get reports and give assistance in Dental Public Health programs. I do not want any provincial official to feel neglected if all the projects in their provinces are not mentioned. I just want to give an overall picture.

(10) Starting in the extreme East, in our newest province, we have two or three dentists there who will have a program underway before long. The Red Cross has a unit visiting coastal areas this year, with a dentist, nurse and equipment capable of rendering treatment and educational services which will give dentistry a great boost in Newfoundland. This is one province where the geography of the country is such that a province wide program is hard to organize and operate.

(11) Nova Scotia, Prince Edward Island and New Brunswick can, I think, be considered together. They each have a Dental Public Health graduate dentist to head up their dental programs. These Dental Public Health dentists are well trained and capable of giving leadership in a Dental Public Health program, and I am sure have some worthwhile projects underway. There seems to be a shortage of dentists in these areas and this hampers a program greatly, as it is difficult to get sufficient personnel to carry on a program. Too much work for too few hands. The dentists should take this condition as a challenge and work together all the harder and really put over a program.

DENTAL PUBLIC HEALTH

- (12) Québec, another large province with the geography and scattered population making it difficult to organize and operate a provincial committee. There are many dentists in this province very interested and anxious to have a Dental Public Health program underway but find there is a lot of work to be done yet. Anyone who has pioneered in this work will realize that there is a lot of hard work for a few until enough dentists get interested to lend a hand. Our constant hope is that dentists do get interested before public and governments get too interested and take over for us.
- (13) Ontario programs are well-known throughout Canada. They have a director of dental services in the Department of Health of the provincial government, and an active Dental Public Health Committee. The province is divided into districts, some having dental organization in the district with Dental Public Health committees of their own. Other areas have health units with dental directors in the health unit. More districts are assuming the responsibility of dental health education all the time. The Department of Health has added another Dental Public Health dentist to the dental division this year, to do research and statistical work.
- (14) Manitoba has a director of dental services in the Department of Health of the provincial government. They also have a Dental Public Health committee. In conversation with the dental director last year, he informed me he was making a province-wide survey of conditions and carrying on a treatment service and that on completion of this survey would concentrate on an educational program.
- (15) Saskatchewan has a director of dental services in the Department of Health of the provincial government. They also have a Dental Public Health committee. This committee has key men in each area to promote Dental Public Health programs and with the able assistance of the dental director is trying to prove to the government, the advantage of spending money to carry on an educational program rather than a treatment program. The director has also been responsible for the production of some very fine poster material which has been distributed. The committee has suggested the preparation of a clinic by mail where a tape recorded lecture could be sent around to outlying districts, possibly accompanied by filmstrip or slides to illustrate. This sounds rather practical and should be investigated further.
- (16) Alberta does not, as yet, have a director of dental services but they do have a Dental Public Health Committee. I understand these men have delivered many talks to parent teacher associations and similar lay groups. I know one city in this province where the sale of chocolate milk was stopped in the schools by the intervention of this committee. There is a strong movement on, right now, in Alberta to have a dental director position established in the Department of Health of the provincial government and when the right man is found and established I am sure a sound program will get underway.
- (17) British Columbia has already been referred to in this report and will be so well publicized by the committee men around this meeting that I need not

mention more about the program here. I do want to point out that this is a combination educational and treatment service with dentists being subsidized in outlying areas and is under close observation for ultimate results.

(18) I am quite sure you can see from this hurried trip and scanty description of Dental Public Health across Canada that there is now a similarity in pattern, something the Canadian Dental Association has aimed at for a long time. This effort of uniformity by the Canadian Dental Association has not been carried on with any idea of forcing ideas into any area of provincial association program. The seven point program in our terms of reference was arrived at after careful study of the problem by able men, interested in this work and is felt to be well worth a fair trial. A uniform effort will prove its worth or failure and give us something and someplace to start from if we have to formulate another program from experiences gained in the working of this one. Therefore we still seek to have a united effort in Dental Public Health problems all across Canada, approached or conducted as the provincial conditions demand.

(19) Suggestions for further committee work:

- (a) A budget of twenty-five hundred dollars (\$2,500.00).
- (b) Development of material.
- (c) Further study of the suggestions from Saskatchewan re clinics, tape recordings, for the outlying groups.
- (d) The continued, tireless effort of seeking an ideal along a path beset with disappointments, with only a glimmer of hope slowly breaking into light.

COMMENT AND ACTION

- 1. We concur.
- 2., 3, & 4. Agreed.
- 5. Noted.
- 6. Splendid.
- 7. to 18. Agreed.
- 19. (a) Referred to Finance Committee.
(b), (c) & (d) Agreed.

Recommendation:

We recommend to the Board of Governors that a statement on this subject of fluoridation of communal waters be prepared for release before the close of this convention.

APPROVED

HOSPITAL DENTAL SERVICES

MEMBERS OF HOSPITAL DENTAL SERVICES COMMITTEE: D. M. TANNER, Chairman, Toronto, Ont.; W. S. MADILL, Toronto, Ont.; E. C. VEITCH, Toronto, Ont.; F. A. SMITH, Vancouver, B.C.; G. A. BUCHANAN, Winnipeg, Man.; J. M. CHAMARD, Montreal, P.Q.; JOHN CLAY, Calgary, Alta.; G. de MONTIGNY, Montreal, P.Q.

REPORT

1. The Hospital Dental Services Committee, at the request of the Ontario Government, spent considerable time and thought in the preparation of an article in respect to the dental requirements for a 200-bed hospital.
2. A copy of the report, with enlargement to the 1,200-bed capacity, is shown in Appendix A. The list of equipment and instruments has been deleted as this was presented to the Board at a previous meeting.
3. If this report is adopted it will have a widespread effect, at least in the Province of Ontario, upon the establishment of dental services in hospitals.
4. As suggested by the Board at its last meeting, the Committee planned a survey of dental services in Canadian Hospitals. An explanatory letter and questionnaire were sent to 400 hospitals. A copy of the letter and questionnaire is attached as Appendix B. A self-addressed, stamped envelope accompanied the questionnaire.
5. As of April 30, 1952, there have been 247 replies. It had been hoped at this time to give a comprehensive analysis of the state of hospital dental services, but it was found that due to the magnitude and complexity of replies, the analysing and tabulating of the information would require several months.
6. For your information Appendix C. shows a primary tabulation. As a result of several hours' study of the replies it can only be said that dentistry is still measured by extractions, dentures, fillings, etc., and not by its service in relation to the patient's general well-being and pursuit of happiness.
7. In the next year the Committee hopes to make an intensive study of the survey and report its findings and recommendations to the Board of Governors at its next meeting.
8. The Committee recommends that a larger working Committee be appointed in the Toronto area.

Appendix A.

DENTAL DEPARTMENT FOR A 200-BED HOSPITAL

Introduction:

The dental services in a modern hospital should include both preventive and treatment services in their proper relation to the systemic condition of the patient. Dental disease is one of the most prevalent diseases in man today and should be considered along with other diseases when general health is

being assessed. Furthermore, good health can only be attained and maintained when all parts of the body are in correct physiologic function. The oral cavity and its associated structures are vital links in the biologic chain. Modern researches indicate the increasing importance of oral health to general health.

Hospitals, large and small, can benefit greatly by the incorporation of a dental service. In the small hospital it may be only a dental consultant requiring no floor space but contributing of his knowledge and skill to the benefit of the patient. In the large hospital considerable floor space will be required for the in-patient service and if an out-patient service is contemplated, more operating rooms will be necessary.

Physical Characteristics

1. **WAITING ROOM**—This room is not required in a 200-bed hospital unless an out-patient's service is being operated. The room is unnecessary because in-patients can be brought to the dental clinic at the appointed hour.
2. **OPERATING ROOM**—This room should have adequate natural light and be ten by twelve feet in measurement. In larger hospitals, additional rooms may be eight by ten feet in measurement. Doorways should be three feet wide to accommodate a stretcher. A wash basin should be located on the wall of the room and water, gas, air, waste and electrical outlets should be provided in the floor for the dental unit. Plans for this installation are supplied by the manufacturer. The room should be equipped with a dental unit, dental chair, cabinet, sterilizer, prosthetic work table with lathe and an instrument table.
3. **STAFF ROOM**—This room is six by ten feet in measurement and serves as a staff room, consulting room and business office. This room is important for the private discussion of patients and clinic affairs. It should be furnished with a desk, chairs, filing cabinet, storage space for supplies and locker facilities for the staff's clothing.
4. **X-RAY**—Dental X-rays can be taken in the X-ray department in a co-operative manner between the two services. Although dental X-rays are a specialized branch of radiography, it is sound from an administrative and financial aspect, to have the X-rays taken and developed by a well-trained technician in the X-ray department. Diagnostic opinions, however, are the responsibility of the staff dentist. In larger hospitals the dental X-ray machine, darkroom and technician should be contained in the dental department.
5. **LABORATORY**—Prosthetic dentistry is a minor service in most hospitals, being confined mostly to the restoration of lost teeth in those patients with gastro-intestinal disturbances. Therefore, due to the cost space, equipment and the employment of a technician, it is less expensive to send the prosthetic work to a commercial laboratory. In larger hospitals with increased prosthetic work and the need for prosthetic appliances in

HOSPITAL DENTAL SERVICES

the treatment of maxillo-facial injuries and the restoration of lost oral and facial tissues, the expense of a laboratory is justified.

6. DENTAL INSTRUMENTS AND EQUIPMENT—A list of instruments will be found on page 140, 1950 Transactions.

Conclusion:

In the future, it will be necessary for hospitals to provide an all-inclusive health service, of which the dental service should be an essential part. The plans for future hospitals, the renovation and enlargement of present hospitals should make adequate provision for dental services.

Further information in regard to hospital dental services may be obtained from the Canadian Dental Association, 234 St. George Street, Toronto, Canada.

COMPONENTS OF DENTAL UNIT

Total Beds	50	100	200	500	1200	Area Sq. ft.
1. Waiting Room	nil	nil	nil	X	1	144
2. Operating Room	nil	nil	1 10 x 12	1 10 x 12	3 1 x 10 x 12 2 x 10 x 8	280
3. Consulting and Business Office	nil	nil	1	1	1	60
4. Laboratory	nil	nil	nil	nil	1	80
5. Sterilizing and Supply Room	nil	nil	nil	nil	1	80
6. X-ray Room	nil	nil	nil	nil	1	60

X—Shared with other units.

Appendix B.

The Canadian Dental Association
L'Association Dentaire Canadienne
234 St. George St., Toronto 5

14 March 1952.

To Superintendents of Hospitals:

In the attached survey, the Canadian Dental Association solicits your cooperation in making an assessment of the available dental services in hospitals.

As you will realize, the success of any survey is in obtaining the material as soon as possible. Would you, therefore, be kind enough to complete the attached form and return to the Canadian Dental Association, 234 St. George Street, Toronto, in the self-addressed stamped envelope.

Hospital Dental Services Committee,
Canadian Dental Association.

HOSPITAL DENTAL SERVICES

P.S.—Please retain the completed duplicate copy for your files and return one to us in the enclosed self-addressed stamped envelope.

SURVEY OF DENTAL SERVICES IN HOSPITALS

1.
NAME OF HOSPITAL ADDRESS PROVINCE
2. Type of hospital: General Other (specify) Rated Bed Capacity
3. Have you a teaching program? Yes No Affiliated with a university Yes No
4. Have you a dental service? Yes No In-patient Out-patient
5. Is it a division of surgery? Yes No Is it a separate department? Yes No
6. Chief of Dental Service:
7. Number of staff: Dental nurses Dental Assistants Others
8. Visiting dentists: Salaried dentists: full time part time
9. Number of patients treated, 1951: In-patient Out-patient
10. Do you offer a dental internship? Yes No Is it filled now? Yes No
11. What dental services are rendered for:

IN-PATIENTS

OUT-PATIENTS

12. Has the dental service separate quarters? Yes No
(a) Waiting room (b) Consulting and business office
(c) Operating room Number (d) Dental Laboratory
(e) Dental X-ray
13. Is the service adequately supplied with equipment and instruments to render a high standard of service?
14. General remarks:

Date:

Signed

Position

Please return promptly to: Canadian Dental Association, 234 St. George St., Toronto 5.

PRIMARY SURVEY TABULATION

- 1. TOTAL REPLIES AS OF APRIL 30, 1952—247.
- 2. REPLIES BY BED CAPACITY OF THE HOSPITAL.
- (A)—With Dental Services, total 144.

Bed Capacity	Not given	100	100	200	300	400	500	800	1000	1500
	2	12	16	23	25	10	18	14	7	17
(B)—Without Dental Services, total 103.										
Bed Capacity	29	18	32	13	8	0	3	0	0	0

COMMENT AND ACTION

The Hospital Dental Services Committee are to be commended for the time and effort devoted to the preparation of the article on dental requirements for a 200-bed hospital.

We recommend the adoption of Appendix A and compliment the Committee on its preparation.

We are pleased to note the number of responses to the questionnaire which appears in Appendix B to the report, and encourage the Committee to continue its arduous task of analysing and tabulating the replies.

We look forward to the recommendations of the Hospital Dental Services Committee in connection with dental services in hospitals.

We approve the principle of enlarging the working committee in the Toronto area.

We wish to compliment the Hospital Dental Services Committee for the preparation of an excellent report.

APPROVED

MEMBERS OF CONVENTION COMMITTEE: WILLIAM MILLER, Chairman, Vancouver, B.C.; C. M. WHITWORTH, Secretary, Vancouver, B.C.; D. J. SUTHERLAND, Treasurer, Vancouver, B.C.

REPORT

1. Plans for the Fiftieth Anniversary Golden Jubilee Meeting of the C.D.A., in cooperation with the B.C.D.A., to be held in the Hotel Vancouver, at Vancouver, B.C., June 15th-18th, 1952, have now been completed. The Joint Convention Committee wishes to report as follows:

2. We believe that the program which has been developed is of high calibre, worthy of our national body. The Program Committee, under the chairmanship of Dr. G. C. Darts, has not spared itself, and its members are to be commended for their efforts.

3. One or two features of the program might be drawn to your attention.

In 1946 it was recommended to the Board of Governors and approved by them that more chair clinics be included in the program. You will see by the program that this recommendation has been implemented.

You will notice that a meeting open to the public has been planned for the Monday night. This meeting will be addressed by Dr. Jay, who will speak on "Present Status of Dental Caries Control Measures". This matter is of great public interest at the present time, and your Committee thought this a splendid opportunity to provide the public with authentic information.

4. Details of the program are as follows:

Sunday, June 15th

P.M. — 2.00 — Registration.

Sight-Seeing.

8.45 — Evening Musicale—Vancouver Art Gallery Auditorium.

Monday, June 16th

A.M. — 8.00 — Registration.

9.30 — Opening Ceremonies.

10.30 — "The Science and Art of Dental Casting"

George M. Hollenback, D.D.S., M.S.D., F.A.C.D.,
Sherman Oaks, Cal.

P.M. — 12.00 — Canadian Dental Association Luncheon
Speaker and Annual Meeting.

2.30 — "The Role of Fluorine in Dental Caries Control"

Philip Jay, D.D.S., M.S., Sc.D., F.A.C.D., Ann Arbor,
Mich.

CONVENTION

- 3.30 — "Esthetic Dentures and Their Phonetic Values"
Earl Pound, D.D.S., Los Angeles, Cal.
- 5.00 — College of Dental Surgeons of B.C. Annual Meeting.
- 7.00 — Hospitality Night.
- 7 - 10.00 — Visit the Exhibits.
- 8.00 — Public Meeting.

This meeting is being arranged primarily for the benefit of the public.

"Present Status of Dental Caries Control Measures"
Philip Jay, D.D.S., M.S., Sc.D., F.A.C.D., Ann Arbor, Mich., School of Dentistry, University of Michigan.

Tuesday, June 17th

A.M. — 9.00 - 12.00 — Group Clinics

1. "Dietary Control of Dental Caries"
Philip Jay, D.D.S., M.S., Sc.D., F.A.C.D., School of Dentistry, University of Michigan.
2. "Methods for the Reduction of Periodontal Pockets"
W. G. McIntosh, D.D.S., F.A.C.D., Toronto, Ont.
3. "The Place of Amalgam in Operative Dentistry"
George M. Hollenback, D.D.S., M.S.D., F.A.C.D., Sherman Oaks, Cal.
4. "Gold Inlays"
W. H. Gyllenberg, D.M.D., F.A.C.D., Longview, Wash.
5. "Present Status of Chemical Sterilization and Disinfection"
Marshal L. Snider, Ph.D., University of Oregon Dental School
6. "Restoration of a Broken-Down Vital Posterior Tooth for a Fixed Bridge Abutment"
John Kuratli, D.M.D., F.I.C.D., F.A.C.D., Portland, Ore.
7. "Operative Procedure for the Full Porcelain Veneer Crown"
W. H. Hagen, D.D.S., Seattle, Wash.
8. "Adequate Amalgam Procedure"
F. L. Jacobson, D.M.D., School of Dentistry, University of Washington.
9. "Full Cast Crown"
A. G. Schultz, D.M.D., Seattle, Wash.
10. "Fashioning and Tinting Esthetic Dentures"
Earl Pound, D.D.S., Los Angeles, Cal.
11. "Immediate Root Resection"
I. Wolch, D.D.S., Winnipeg, Man.

12. "The Masticatory Appartus and Dentures in Function"
B. Jankelson, D.M.D., Seattle, Wash.
13. "Orthodontics"
R. R. McIntyre, D.D.S., F.I.C.D., Calgary, Alta.
14. "Surgical Technique for the Prognathic Reduction of
the Mandible"
H. E. Simmons, D.M.D., F.I.C.D., Vancouver, B.C.
15. "The Use of Acrylics for the Cementation of Inlays"
K. N. Morrison, D.D.S., School of Dentistry, University
of Washington.

Noon — Dine where you wish. Visit the Exhibits.

P.M. — 2.00 - 5.30 — Group Clinics

1. "Some Aspects of Dental Diagnostic Radiology"
H. M. Worth, F.R.C.P. (C), M.R.C.S., L.D.S. (Eng),
F.F.R., D.M.R.E. (Camb.), Faculty of Dentistry,
University of Toronto.
2. "Oral Surgery for the General Dentist"
Roy F. West, D.M.D., F.I.C.D., Seattle, Wash.

2.00 - 5.30 — Chair Clinics

Gold Foil Restorations

CLASS II — G. D. Stibbs, B.Sc., D.M.D., F.A.C.D.,
Vancouver Ferrier Study Club.

CLASS V — K. A. Oviatt, B.Sc., D.M.D.,
Vancouver Ferrier Study Club.

CLASS III — R. E. Hampson, D.M.D., F.A.C.D.,
Seattle Dental Study Club.

CLASS V — L. M. Beamish, B.A., D.M.D.,
Inter-City Gold Foil Study Club.

Gold Inlay Restoration

W. K. Sproule, D.M.D., F.A.C.D., Vancouver, B.C.

Porcelain Jacket Crown

O. A. Anderson, D.M.D., F.A.C.D., Seattle, Wash.

Amalgam Restoration

CLASS II — R. L. Scharff, D.D.S., Vancouver, B.C.

Rubber Dam, Clamps and Separators

N. C. Ferguson, D.M.D., New Westminster, B.C.

Pedodontics

Vancouver Pedodontia Study Club

2.00 — Rubber Dam Application

G. M. Jinks, D.D.S.

W. G. Hastings, D.D.S.

J. Rife, D.D.S.

CONVENTION

2.30 — Pulpotomy

M. J. Waterman, B.Sc., D.D.S.

R. J. Dent, D.M.D.

M. Nacht, D.D.S.

3.30 — CLASS II AMALGAM — Primary Molar

L. Lind, D.D.S.

O. F. Wright, D.D.S.

M. M. Mickelson, B.Sc., D.D.S.

2.00 — 5.30 — Table Clinics

1. "Dental Anatomy and Morphology"

F. H. Pratt, D.M.D., F.A.C.D., and Mr. Charles Schroeter,
School of Dentistry, University of Washington.

2. "Fractures of the Jaws"

Douglas Tanner, M.B.E., D.D.S., B.Sc. (Dent), F.I.C.D.,
Toronto, Ont.

3. "Porcelain Inlays"

J. C. Bartels, D.M.D., F.A.C.D., Portland, Ore.

4. "Complete Denture Construction" (A Progressive Clinic)

Portland Prosthetic Study and Research Club.

5. "Gold Foil Restorations"

Alex Jeffries, D.M.D., F.A.C.D., Seattle, Wash.

6. "Cavity Preparation"

A. Ian Hamilton, D.D.S., School of Dentistry, University
of Washington.

7. "Crown and Bridge"

W. John Sproule, D.D.S., School of Dentistry, University
of Washington.

8. "Porcelain Jacket Crown"

G. A. Chudleigh, D.D.S., Halifax, Nova Scotia.

9. "The Results of Orthodontic Treatment"

E. Allen Bishop, D.M.D., Seattle, Wash.

10. "Completed Orthodontic Cases"

Wm. P. McGovern, D.M.D., Tacoma, Wash.

11. "Airdent"

K. N. Morrison, D.D.S., School of Dentistry, University
of Washington.

12. "Endodontics"

Vancouver Endodontia Study Club.

6.00 — Social Hour at Commodore — Hosts — Vancouver and District Dental Society and the British Columbia Dental Association.

7.00 — Presidents' Dinner and Dance — The Commodore — Dress Informal.

Wednesday, June 18th

A.M. — 9.00 - 12.00 — Group Clinics

1. "Crown and Bridge"
John Kuratli, D.M.D., F.I.C.D., F.A.C.D., Portland, Ore.
2. "Restorative Dentistry"
G. D. Stibbs, B.Sc., D.M.D., F.A.C.D., School of Dentistry,
University of Washington.
3. "Some Aspects of Dental Diagnostic Radiology"
H. M. Worth, F.R.C.D. (C), M.R.C.S., L.D.S. (Eng),
F.F.R., D.M.R.E. (Camb), Faculty of Dentistry, Uni-
versity of Toronto.
4. "Gold Inlays"
W. H. Gyllenberg, D.M.D., F.A.C.D., Longview, Wash.
5. "Three-Quarter Crown"
A. G. Schultz, D.M.D., Seattle, Wash.
6. "An Evaluation of the Use of Porcelain and Acrylics"
W. H. Hagen, D.D.S., Seattle, Wash.
7. "A Simplified Technique for the Extraction of the
Impacted Third Molar"
H. E. Simmons, D.M.D., F.I.C.D., Vancouver, B.C.
8. "Success in Root Canal Therapy"
John Ingle, D.D.S., M.S.D., School of Dentistry, Univer-
sity of Washington.
9. "The Present Status of Chemical Sterilization and
Disinfection"
M. L. Snider, Ph.D., University of Oregon Dental School.
10. "A Rapid Method of Setting Teeth in Denture
Construction"
B. Jankelson, D.M.D., Seattle, Wash.
11. "Pathology of Abnormal Odontogenic Processes"
A. G. Racey, D.D.S., F.A.C.D., Montreal, P.Q.
12. "Orthodontics"
R. R. McIntyre, D.D.S., F.I.C.D., Calgary, Alta.

12.00 — British Columbia Dental Association
Luncheon and Annual Meeting.

Visit the Exhibits.

P.M. — 2.00 - 5.30 — Chair Clinics

Gold Foil Restorations

CLASS V — R. H. Colbourne, D.M.D.,
Vancouver Ferrier Study Club.

CLASS III — K. N. Morrison, D.D.S.,
Inter-City Gold Foil Study Club.

CONVENTION

CLASS II — R. E. Hampson, D.M.D., F.A.C.D.,
Seattle Dental Study Club.

CLASS V — J. M. Wark, D.M.D.,
Inter-City Gold Foil Study Club.

Porcelain Jacket Crown

O. A. Anderson, D.M.D., F.A.C.D., Seattle, Wash.

Amalgam Restoration

A. Ian Hamilton, D.D.S., School of Dentistry, University of Washington.

Rubber Dam Application

J. C. Foote, D.D.S., Victoria, B.C.

P.M. — 2.00 - 5.30 — Table Clinics

1. "Dental Anatomy and Morphology"
F. H. Pratt, D.M.D., F.A.C.D., and Mr. Charles Schoeter,
School of Dentistry, University of Washington.
2. "Dental Castings, Large and Small"
G. M. Hollenback, D.D.S., M.S.D., F.A.C.D., Sherman
Oaks, Cal.
3. "Roentgenological Technique — Long Cone vs. Short
Cone"
F. L. Jacobson, D.M.D., School of Dentistry, University
of Washington.
4. "Essentials of Gold Foil — Instruments, Cavity Preparation,
Etc."
Vancouver Ferrier Study Club.
5. "Porcelain Jacket Crowns"
J. C. Bartels, D.M.D., F.A.C.D., Portland, Ore.
6. "Hydrocolloid Indirect Technique for Inlays"
John Gansner, D.D.S., Vancouver, B.C.
7. "Local Anaesthesia"
Roy F. West, D.M.D., F.I.C.D., Seattle, Wash.
8. "Bleaching Discolored Pulpless Teeth"
J. I. Ingle, D.D.S., M.S.D., School of Dentistry, University
of Washington.
9. "Occipital Anchorage"
C. E. Craig, D.D.S., M.S., Vancouver, B.C.
10. "A Simple Orthodontic Appliance for the General
Practitioner"
R. H. Crossley, D.D.S., Vancouver, B.C.
11. "Invisible Gold Foil Restorations"
Alex Jeffries, D.M.D., F.A.C.D., Seattle, Wash.

12. "Endodontics"
Vancouver Endodontia Study Club.
13. "Crown and Bridge"
W. John Sproule, D.D.S., School of Dentistry, University of Washington.
14. "Pedodontics"
Vancouver Pedodontia Study Club.
 - A. Modern Management of Cleft Palate Patients
R. J. O'Neil, D.M.D., M.P.H.
 - B. Treatment of Fractured Anterior Teeth
J. Vance-Touhey, D.M.D.
 - C. Fluoridation
R. C. Tully, D.D.S.
J. A. Sampson, D.D.S.
 - D. Preventive Orthodontia and Space Maintenance
R. Cline, B.A., D.D.S.
D. B. McDonald, D.D.S.
 - E. Nutrition — Office Routine for Caries Control
R. I. Yorsh, B.A., D.D.S.
 - F. Treatment planning and Patient Management for the General Practitioner
A. A. Fraser, D.D.S.
15. "Control of Pain and Irritation in Operative Procedures"
Hector R. MacLean, D.D.S., F.A.C.D., Faculty of Dentistry, University of Alberta.
16. "Interceptal Trimming and Preparation of the Mouth for Dentures"
J. A. Barber, D.M.D., Chilliwak, B.C.

NOTE:

- (a) Please take note of Program of Ladies' Entertainment which has already been publicized.
- (b) During the course of the Convention there will be an Art Exhibit, Visual Education program as well as Exhibits under the auspices of the Department of National Health and Welfare and the Department of Health and Welfare of the Province of British Columbia.
- (c) The program as presented is subject to additions and minor corrections.
- (d) The Commercial Exhibits will be open during the course of the Convention from 9,00 A.M.

Reports of Committees:

5. **Art Exhibit and Hobbies** *Chairman — DR. J. S. BRICKER*
Dr. Bricker is internationally known for his photography, and a fine dis-

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play of works of Arts and Hobbies is assured. This exhibit will be housed in a convenient place at one end of the ballroom.

6. Dinner Dance

Arrangements have been completed to hold the Presidents' Dinner and Dance at the Commodore, on the Tuesday evening. From 6 to 7 P.M., just previous to dinner, the Vancouver and District Dental Society, in cooperation with the British Columbia Dental Association, will be hosts at a social hour, in the Commodore.

The Commodore has very fine facilities, and this should be a gala affair. An outstanding floor show has been arranged by Dr. G. R. Nimmons, Chairman of the Entertainment Committee.

7. General Arrangements *Chairman — DR. RALPH HALL*

Dr. Hall has had wide experience in arrangements for meetings. He has a capable committee, and we are confident that the requirements of essayists, clinicians and exhibitors will be adequately cared for.

8. Golf *Chairman — DR. R. J. STEWART*

Arrangements have been made for the golfers to play over the course of the Vancouver Golf and Country Club, at Burquitlam.

9. Hosts *Chairman — DR. L. F. MARSHALL*

This committee has completed preliminary arrangements, and will be prepared to function at the appropriate time.

10. Ladies *Chairman — MRS. H. M. CLINE* *Vice-Chairman — MRS. J. R. INGLEDEW*

This committee has prepared a very attractive program for the ladies, details of which appear with the general program.

11. Luncheon Arrangements *Chairman — DR. G. R. NIMMONS*

Arrangements have been completed for the C.D.A. luncheon on Monday, and the B.C.D.A. luncheon, on the Wednesday. Both these luncheons will be held in the banquet room of the hotel.

12. Program Printed *Chairman — DR. HUGH MUNRO*

It is planned to have the printing of the program completed at least a week before the Convention opens.

After much time and effort, a very attractive cover for the program was produced, showing the totem pole motif and the skyline of Vancouver, "Canada's Evergreen Playground". The Golden Jubilee theme also holds a prominent place.

13. Publicity *Chairman — DR. G. A. C. WALLEY*

This committee has used its full quota of pages in the Journal, giving information about the Convention.

The Vancouver Tourist Bureau has cooperated extensively in sending out material regarding the locale of the meeting.

Arrangements have been made for suitable press releases, both before and during the Convention. A press room has been designated, and times for interviews with the essayists and clinicians arranged.

14. Reception *Chairman — DR. FRANK SMITH*

This committee will function when required, in cooperation with the Host Committee.

15. Registration *Chairman — DR. K. R. McWILLIAMS*

All arrangements have been completed for registration. Considerable effort has been made to get as much advance registration as possible. For some time past, a registration desk has been set up at the monthly meetings of the local societies.

The registration on May 1st, was 249.

16. Reservations and Housing *Chairman — DR. R. E. NORDIN*

Adequate arrangements for housing have been made, at the Hotel Vancouver and four or five first-class hotels in the immediate vicinity, as well as two or three motels on the outskirts of the city, for those who should desire such accommodation.

It was not possible, of course, to house everybody in the Hotel Vancouver but the other hotels are so close by that guests should find it quite convenient.

17. Sunday Evening Musicale

The musicale will be held in the Auditorium of the Art Gallery, one block from the Hotel Vancouver.

The program will feature Jan de Rimanoczy and his string quartet, as well as local talent.

As the program will be broadcast over CBU, from 9 to 9.30, it will be necessary for the audience to be in their seats by 8.45.

18. Transportation *Chairman — DR. JOHN FOLKINS*

Arrangements have been made to have cars available for those who may require transportation. The Ladies' Committee has made its own arrangements for busses required for functions.

19. Visual Education *Chairman — DR. M. J. WALLEY*

Dr. Walley has arranged for the showing of a number of educational films.

20. Commercial Exhibitors *Chairman — DR. C. R. HALLMAN*

The exhibitors will be housed in the ballroom. As this will be close to the activities of the scientific program, the exhibitors should be in a favourable position. Moreover, it has been arranged to have the exhibits open on

CONVENTION

the Monday evening in addition to the day sessions. Number of exhibitors to May 1st — 41.

21. Health Exhibits

Suitable space in the ballroom, or nearby, has been allotted for health exhibits by the Department of National Health and Welfare and the Division of Preventive Dentistry of the British Columbia Department of Health and Welfare.

22. Financial Statement

MAY 1ST, 1952			
Registration Fees — 249 at \$15.00	\$ 3,735.00		
Miscellaneous	245.00		
Exhibitors' Fees	3,750.00	\$ 7,730.00	

Expenditures			1,134.08

Balance			\$ 6,595.92
			=====

COMMENT AND RECOMMENDATIONS

1. & 2. No comment.
3.

(a) We commend the initiative of the Committee in the experiment of an increased number of chair clinics and suggest an objective report on this for the guidance of future conventions.

(b) We commend the arrangements for a public meeting, and suggest that at future meetings of this type the same close liaison be kept between the programme, publicity, and public relations committees.
4.

We commend the Committee for the exhaustive range of subjects covered in the scientific portion of the program.
5.

We appreciate the tremendous effort which has been put into this exhibit and the benefit which accrues to the profession. As this idea continues to expand and assume an even greater scope we suggest that serious consideration be given to the acceptance of an offer which was made by a pharmaceutical firm to sponsor such an exhibit.
6. to 9.

No comment.
10.

We commend the Committee on the excellent programme which has been arranged for the ladies.
11.

No comment.
12.

We commend the format of the souvenir program and the innovation of an index.

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13. We recommend that future publicity committees insure that *both* sections of the Journal receive full information about the Convention.
14. No comment.
15. We commend the policy of early registration.
16. to 22. No comment.

We commend the Committee for the comprehensive plans for this Golden Jubilee meeting. We are pleased to note that paramount importance has been given to the scientific and cultural aspects of our profession. The idea of including the general public in the programme shows a realization of our primary responsibility.

We suggest that in future meetings definite time be allotted for exhibits during the day time.

APPROVED

RESEARCH

MEMBERS OF RESEARCH COMMITTEE: W. G. McINTOSH, Chairman, Toronto, Ont.; R. G. ELLIS, Toronto, Ont.; J. P. McGUIGAN, Halifax, N.S.; J. H. JOHNSON, Toronto, Ont.; G. H. W. LUCAS, Toronto, Ont.; H. R. MacLEAN, Edmonton, Alta.; A. G. RACEY, Montreal, P.Q.; C. H. M. WILLIAMS, Toronto, Ont.; R. J. GODFREY, Toronto, Ont.; J. B. MACDONALD, Toronto, Ont.; ROLAND GENDRON, Montreal, P.Q.; J. J. RAE, Toronto, Ont.; A. D. A. MASON, Toronto, Ont.; D. M. TANNER, Toronto, Ont.

REPORT

1. General Activities

The main activities of the Research Committee this year have been:

- (a) To encourage the training of personnel for dental research by means of the C.D.A. Studentship grants.
- (b) To provide statements and opinions respecting dental science, when requested to do so or when it seemed in the best interest of the Canadian Dental Association to make such a statement.
- (c) To administer the monies from the Memorial Fund of the Canadian Dental Research Foundation.
- (d) To maintain good liaison with the Department of National Health and Welfare at Ottawa and the Associate Committee on Dental Research of the National Research Council.
- (e) To examine the status of dental research in Canada today, as was requested at the 1951 meeting of the Board of Governors.

2. Personnel

- (a) The Committee regrets to report that Dr. Douglas Tanner of Toronto has resigned from the Research Committee.
- (b) Dr. A. D. A. Mason, Chairman of the Canadian Dental Research Foundation has been made an ex-officio member of the Research Committee. Dr. Mason will retain the Chairmanship of the Canadian Dental Research Foundation.
- (c) Dr. Tanner's resignation and the change in status of Dr. Mason create two vacancies on the Research Committee.

3. Publicity

The revised Regulations governing the award of Studentships have been mailed to the Deans and provincial registrars. Their cooperation in bringing the Studentships to the attention of the students was requested. The regulations also appeared in several issues of the Journal.

4. Studentship Grantees

A brief statement concerning the whereabouts of the four Studentship grantees helped last year is as follows:

DR. K. J. PAYNTER, after two years at Columbia University, has returned to Toronto and is a member of the staff of the Faculty of Dentistry in the Department of Dental Anatomy. He is in addition to his teaching, proceeding with a major research project.

DRS. J. H. SENEAL and A. A. ANTONI are completing their year of post-graduate study at New York and Detroit respectively.

DR. RUSSELL COLEMAN after spending a year at the Sunnybrook Military Hospital in Toronto on a research program, has returned to the University of California for further training and post-graduate study.

5. Studentship Applications

- (a) Dr. Alexander Gordon Nutlay from Dalhousie University applied for a Studentship grant to enable him to spend three months at the University of Illinois in Chicago to study "cyto differentiation of extralveolar tooth germs and their surrounding tissues" as well as the diffraction and Grenz-Ray techniques in the Department of Oral Pathology. The application was for \$700 and the Committee awarded Dr. Nutlay \$500.
- (b) Dr. Jean-Paul Lussier, University of Montreal, 1942, requested financial assistance to permit him to spend two and one half years in the Department of Oral Medicine and Experimental Biology at the University of California. Dr. Lussier's research subject is "Bone and dental Radiology with special relation to Endocrinology". He applied for \$1200 which the Committee was pleased to approve.
- (c) Dr. Albert A. Antoni, Toronto, who is presently studying at the Henry Ford Hospital in Detroit with the assistance of a Studentship grant, made a second application for \$100 per month for the coming year. As Dr. Antoni's application made no mention of a research programme for the next year, the Committee did not feel justified in making another grant for his training programme.
- (d) Dr. Thorpe B. Van de Mark, Toronto, 1949, applied for a Studentship in the amount of \$1700 to assist him in post-graduate study in Oral Surgery at Washington University in St. Louis, Mo. The Committee was of the opinion that Dr. Van de Mark's chief interest was in acquiring specialists' qualifications and not research and therefore his application was refused.

NOTE:—Both Dr. Antoni and Dr. Van de Mark were referred to other sources of funds to which they might apply for financial assistance.

6. Fluoridation of Water Supplies

The fluoridation of communal water supplies as a method of reducing the incidence of dental caries is a subject of great interest and concern to the people of Canada at the present time. The Research Committee is endeavouring to keep up with current developments on this subject by revising its

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original statement on fluoridation as new information becomes available. Because of the influence such a statement may have on communities that are interested in setting up a fluoridation programme, the Committee asks the Board of Governors to either approve the following revised statement or to suggest desirable changes.

Statement

A number of controlled studies to determine the effect of artificially fluoridating communal water supplies have been in progress for periods ranging up to seven years. While none of these studies are yet complete preliminary results indicate that significant reduction in dental caries is being achieved at least in child populations when the teeth have been calcified subsequent to the inauguration of these studies. Based on these preliminary observations, a number of organizations including the American Dental Association, the United States Public Health Service, the State and Territorial Dental Health Directors, the American Medical Association, and the National Research Council in Washington have recommended the fluoridation of municipal water supplies where such action is supported by local dental societies.

As the earliest studies undertaken on artificial fluoridation are still in progress, and reporting at intervals, the Research Committee of the Canadian Dental Association does not feel justified in completely endorsing without some qualification the fluoridation of communal waters. However, in view of the widespread approval given this procedure by other responsible bodies, and because no ill effects have been noted from this procedure, this Committee feels that communities considering fluoridation should be informed that they might reasonably expect a reduction in dental caries to follow such action. At the same time they should recognize that no studies have yet been completed and that additional facts might emerge from studies now in progress. Furthermore, it should be understood that reduction in caries will be limited and that this method should be considered an adjunct to other preventive measures.

A study of fluoridation is now being conducted by the Department of National Health and Welfare, Ottawa. Until this and other studies are completed it is recommended that water fluoridation projects should be planned and conducted so that they will provide reliable data which will supplement our present knowledge and serve as progress reports.

7. Sugar and Dental Caries

A request for a statement from the Research Committee on the problem of sugar and its relation to dental caries came from the Director of Dental Services, Department of National Health and Welfare, Ottawa.

The Committee was grateful to Dr. Gordon Nikiforuk, Faculty of Dentistry, University of Toronto, for his assistance in preparing such a statement. A copy of this statement appeared in the January issue of the Journal of the Canadian Dental Association.

8. Dental Research Projects in Progress in Canada

An attempt has been made to list the dental research projects that have been completed or are in progress over the past year, as well as the names of individuals responsible for each project. This list appears as Appendix A. to this report.

9. Research and the Canadian Dental Association

- (a) Paragraph 11, entitled 'Research' from the 1951 Annual Report of the Finance Committee says in part: "We commend that the Research Committee review research in relation to the C.D.A. and make recommendations".
- (b) Such a review has been attempted and brief statements concerning specific aspects of the situation have been reported in the Governors' Letters throughout the year. Only the main points of these statements will be reviewed here.
- (c) The Canadian Dental Association has repeatedly stressed the need for prevention of dental diseases and the importance of research in a preventive programme. If for no other reason than our position in public and political relations, it is essential that we show evidence of a strong effort to bring to the public of Canada some reasonable degree of dental health. Stimulation of research must be and must be known to be, a *main* function of the progressive Canadian Dental Association.
- (d) The Associate Committee on Dental Research of the National Research Council encourages and supports dental research in Canada by financially assisting *qualified* research workers who are conducting specific projects. It has shown a preference for the laboratory type of research rather than clinical studies. It is primarily interested in contributing money in support of specific research projects, providing qualified men are available to do the research.
- (e) The Associate Committee on Dental Research of the National Research Council has also established 'Fellowships' designed to provide advanced training and experience in research in one of the sciences basic to Dentistry. They are available to students of high academic standing who have spent at least one year in post-graduate training and research. Since these N.R.C. fellowships are planned to help the experienced research student undertake advanced projects and study and the C.D.A. studentships are planned to help suitable students acquire a post-graduate training in the basic sciences and research procedures, it seems that one program complements the other. The training provided under the C.D.A. studentships helps make the student eligible for the N.R.C. fellowships.
- (f) The C.D.A. has to date limited its financial aid in support of dental research to the C.D.A. studentships. No money has been spent in support of specific research projects.

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- (g) This year upwards of \$66,500.00 has been spent in Canada supporting dental projects. The sources of this large amount were shown in a recent Governors' Letter. The figure indicates that it is not too difficult to arrange finances for well prepared projects in the field of dental research. The great problem and remaining serious obstruction is lack of funds for the training of research men and the funds for a well-trained staff to direct research procedures.
- (h) In the opinion of your Research Committee the foregoing points serve:
 - (1) to justify previous actions of the C.D.A. in sponsoring student-ships.
 - (2) to strongly suggest the need for increasing this activity of financially helping to train research personnel.
 - (3) to indicate that at present monies for well prepared projects are not too difficult to obtain from outside sources, providing well-qualified men are available to undertake the research.

10. Division of Dental Research

To those interested in dental research it is interesting to note that this year a Division of Dental Research has been established within the Faculty of Dentistry, University of Toronto. This Division is planned to function similarly to other departments set up within the Faculty programme, with a full time chairman to be appointed ultimately to guide the administration of the Division. It is anticipated that other appointments will be made as the development of the programme justifies such appointments. The programme envisaged will require substantial support apart from the 'Grants-in-Aid' provided for specific projects. It is anticipated that an appeal will be made to members of the dental profession for assistance with this project. In addition contributions will be sought from other sources.

11. Financial Statement

- (a) The Research Committee's financial statement as of June 1, 1952, appears in Appendix B. to this report.
- (b) Again during this academic year the Committee approved in Student-ships more money (\$2,898.78) than was allotted for the purpose by the Finance Committee (\$2,000.00).

Referring back to section 8 of this report, the Committee believes that not only do we as a profession sorely need more research but that the profession itself needs to take a more active part in stimulating and supporting this research. Funds are available to support well-planned projects, but it is difficult for men to get the training necessary to undertake these projects. Here then is the place where the profession with its limited funds can contribute most, at least for the present, to dental research.

The Committee is not in a position to say how much money *can* be allotted for research, but it does suggest that organized dentistry is duty bound

to contribute much more than it has in the past towards improving the value of dental services, particularly in the fields of prevention and general health. It further suggests that any such investment could be no more successfully made than in helping to qualify men who are going to do the research that is so necessary to our future.

- (c) To carry on this important work during the coming year the Committee asks financial assistance in the amount of \$3,500.00.

12. Recommendations

- (a) The Committee recommends that in future its members hold office on a three year rotation basis. It further recommends that after a member has been off the Committee for a year he is eligible for re-appointment. A plan for initiating this program has been forwarded to the Nominating Committee.
- (b) At the last Annual Meeting, section 2b of Appendix A of the report of the Research Committee which dealt with studentship grants for consultations with recognized authorities, was approved on an experimental basis for a period of one year. The Committee believes this regulation has not been abused and that it has served a good purpose. It recommends therefore that the period of one year be extended.

Appendix A.

The following is a list of personnel and active dental research projects that have come to the attention of the Research Committee this year

1. Professor H. K. Box, University of Toronto, continues to add to our knowledge in the field of Periodontology. Improved methods of removing the epithelial lining of pockets have been one of his main contributions this year.
2. Dr. H. K. Brown, Department of National Health and Welfare, in cooperation with the Ontario Department of Health, has conducted another survey of the children involved in a study of mass control of dental caries by fluoridation of a public water supply. A preliminary statement on the study in Brantford, Sarnia and Stratford, Ontario, was issued by the Department of National Health and Welfare in January 1952.
3. Dr. M. A. Cox, Toronto, has planned and started a study on Protein Metabolism and its relation to dental caries.
4. Dr. R. Grainger, Toronto, has set up a study of assess the "Modification of the susceptibility of pits and fissures to decay by certain metabolic changes".
5. Dr. H. A. Hunter, Toronto, has reported to the Associate Committee on Dental Research of the National Research Council concerning his investigation of the mechanism involved in the deposition of lime salts formed in bridging over a pulp exposure.
6. Dr. H. Jenkins, Toronto, has initiated a study of the dental arch form

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and certain of its anatomical relations in a series of clinically excellent dentitions.

7. Dr. C. P. Leblond, Montreal, is continuing his studies on the entry of phosphate and carbonate salts into teeth as shown with the help of radio-phosphorus and radio-carbon.
8. Dr. W. J. Linghorne, working at the Banting and Best Institute in Toronto, has continued with his investigation of the mechanism of repair of the supporting structures of the teeth. A paper reporting this work is being prepared for publication.
9. Drs. J. P. Lussier and A. D'Iorio, Montreal, have made further reports on their studies of calcium metabolism in tooth with the aid of calcium 45. It is to be noted that Dr. Lussier is one of the studentship grantees for the coming year.
10. Dr. J. B. Macdonald, Toronto, has continued his investigations in two main phases of Bacteriology. He is studying "Experimental fusospirochetal infection with mixtures of pure cultures and 'anaerobic vibrios'".
11. Dr. H. R. MacLean and Dr. S. G. Davis, Edmonton, are studying the electro-potentials between dental alloys.
12. Dr. G. Mitton, Toronto, is directing a study on the incidence of tooth decay in children in relation to tooth surfaces and age. He is also initiating one on an evaluation of a preschool dental programme in relation to treatment load for the school age population.
13. Dr. R. E. Moyers, University of Toronto, in addition to continuing his studies on the electromyography of the head, face and neck, has directed an experiment done by Dr. D. P. Hult using an ingenious hydrostatic adaptation of a Statham pressure transducer to study the force and movements of the tongue as they affect the development of the dentition.
Also under Dr. Moyers' direction, Dr. E. E. Johns has made use of the strain-gauge analyzer to study the forces inherent within orthodontic appliances during therapeutic tooth movements.
14. Dr. J. W. Neilson, Edmonton, is making a dietary study on a group of periodontal patients. He is also, in conjunction with Dr. J. W. Macgregor, doing a statistical review of 1,000 lip lesions using biopsies. This latter study is expected to run for ten years.
15. Dr. G. Nikiforuk, Toronto, has studied methods of demineralization of hard tissues by organic chelating agents. A preliminary report appeared in *Science*, 113:560, 1951.
16. Dr. D. C. O'Connell, Research assistant at the Banting and Best Department of Medical Research, has been studying fusospirochetal infection in rats. Papers on his work are being prepared for publication.
17. Dr. K. J. Paynter, Toronto, has continued his work on the effect of the anti-thyroid drug, Thiouracil, on the development of molar teeth of rats.

18. Dr. A. G. Racey, Montreal, has initiated studies on the effects of potassium deficiency and of pyridoxine deficiency on the teeth and surrounding structures of dogs.
19. Dr. J. J. Rae, University of Toronto, concluded from his work on saliva that there is no relation between l.b.a. counts and ammonia production of saliva. He has also done further work on a bactericidal material.
20. Dr. M. Doreen Smith, Toronto, has continued her investigations concerning the fluoride content of enamel and dentin in relation to the pabulum history of children's diet. She has also studied the fluoride content of teeth of children in the Brantford, Stratford and Sarnia areas.
21. Dr. O. J. Walker, Edmonton, has nearly completed his studies in connection with the development of a method for determining fluorine by means of a photo-electric colorimeter. Papers covering his work have been submitted for publication. Dr. Walker is using this method to measure the fluorine content of bones and teeth.
22. Dr. A. E. R. Westman, Toronto, and D. R. Christie of Toronto concluded their work on materials for use as cements for methacrylate inlays and methods for the use of methyl methacrylate as direct dental fillings. An article entitled "Acrylic Fillings — General Comments and Some Experimental Data" by D. R. Christie reports these investigations.

Appendix B.

FINANCIAL STATEMENT
of the
RESEARCH COMMITTEE

(Last Annual Meeting to June 1, 1952)

June 1, 1951 CASH BALANCE \$ 6,259.23

Receipts

July 14, 1951—Canadian Dental Research Foundation	\$ 3,430.56	
July to Dec. 1951—Bond Interest—Canadian Dental Research Foundation (National Trust Co.)	343.55	
Jan. 9, 1952—C.D.A.—grant	2,000.00	
Mar. 13, 1952—Bond Interest—Canadian Dental Research Foundation (National Trust Co.)	182.82	
Bank Interest	20.87	5,977.80
		\$12,237.03

Disbursements

July 16, 1951—Thorne, Mulholland—Auditors	\$ 30.00
Studentships	2,898.78
July 20, 1951—Saturday Night Press—Reprints	31.08

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Jan. 21, 1952—University of Toronto Press—Student-ship Forms	18.79	
Mar. 13, 1952—Dr. D. M. Tanner—refund of fee re Company's Act form—1951	2.00	
Bank Charges, etc.	39.70	2,020.35
BALANCE—June 1, 1952		\$ 9,216.68

COMMENT AND ACTION

In reporting on this Report of the Research Committee we would at once congratulate Dr. McIntosh and the outstanding personnel of his Committee upon the excellent nature of this report.

- 1. Agreed.
- 2. We regret very much the resignation of Dr. Tanner from this Committee and presume that the two vacancies referred to will be filled at this meeting of the Board of Governors.
- 3. to 6. Approved.
- 7. We compliment the Committee upon securing such a fine statement on the problem of sugar and its relation to dental caries.
- 8. to 10. Approved.
- 11. Endorsed and we approve the increased financial support if funds are available.
- 12. Agreed.

APPROVED

MEMBERS OF COMMITTEE ON PUBLICATIONS: P. G. ANDERSON, Chairman, Toronto, Ont.; ARMAND FORTIER, Montreal, P.Q.; A. R. POAG, Hamilton, Ont.; F. MARTIN, Toronto, Ont.; W. J. LANGMAID, Oshawa, Ont.; F. T. PEARSON, Toronto, Ont.; M. G. BOYES, Toronto, Ont.

REPORT

1. It is with pride, that the Committee on Publications brings to your attention the work of our Editors. They work quietly, patiently and effectively to prepare for the members of our profession a publication in which all may be truly proud. In their efforts they have been most successful and therefore, to the Editor-in-Chief, the Assistant Editor, the Editor of the French Section, the Provincial Editors and to the Business Manager your Committee pays its grateful tribute.

2. It is with regret we have learned that the services of our Assistant Editor can not longer be actively associated with the Journal. We have comfort however in knowing that his good counsel and advice will always be graciously given. His interests have always been and always will be in the welfare of our Journal and in the betterment of Canadian dental literature. It is the sincere wish of your Committee that he may enjoy a great measure of good health in the years ahead. A resolution to this effect has been recorded by the Committee and a copy sent to the Assistant Editor.

3. Your Committee is happy to report that the past year has been a most encouraging one. (See Appendix B.) Through revision of the advertising rates and a study of publication in general the past year was completed in a very satisfactory manner in business management.

4. Unfortunately, but beyond the control of this Committee, there will be an increase of 20% in the cost of publication of the Journal. This increase is now effective and presents another problem for further study.

5. After much discussion with our publishers and in an effort to offset increased publication costs, the Committee has unanimously agreed to increase the advertising rates for the Journal to be effective January 1, 1953. In the meantime all advertisers will be notified of such change. Those in charge of advertising felt confident that such increase could be effected without materially reducing the advertising volume.

6. There has been quite a strong feeling on the part of the agency handling our advertising that the Journal should maintain close to a 60 - 40 ratio of advertising and text. Your Committee feels, that even though this ratio would ease the financial problem somewhat, it would not be in keeping with previously approved policies of keeping closer to a 50 - 50 ratio of text and advertising, which it was felt was more becoming to a professional journal.

7. As suggested in earlier reports the question of colour in the text portion of the Journal has been investigated. Your Committee is aware that this can be done but not without adding quite considerable cost to publication. It

PUBLICATIONS

therefore, feels that, for the present when other costs are increasing, we are not in a position to favour this additional expense.

8. It has come to the attention of the Committee on Publications that the subscription rates have remained at an amount which has not been altered in many years. The subscription list is not a large one and does not form a large part of the revenue of the Journal. However, in view of rising costs and in view of the fact that adjustments in rates have never been made your Committee asks that the Board of Governors give direction in this respect. It must be kept in mind that an increase in rates would probably mean the loss of some of the present subscriptions and also that it would necessitate an increase in the Associate Membership fee.

9. Throughout the year, as in other years, the Committee on Publications has enjoyed a most friendly and co-operative relationship with our publishers. This we feel reflects well for the regard they, as publishers, hold for the profession of dentistry.

10. It has been a pleasure for your Committee to co-operate in the preparation of the 50th Anniversary Issue of the Journal. To all those who have worked so diligently in the preparation of this Special Issue we offer our sincere congratulations.

11. The Committee on Publications has appreciated your confidence. We would ask for any direction which will help in the progress of our national dental publication.

12. Attached as Applendix is a two-fold financial statement. The Budget is Appendix A. and the Financial Statement Appendix B.

Appendix A.

BUDGET ESTIMATE
1953
PUBLICATIONS

Revenue

Advertising	\$40,000
C.D.A. Grant	13,500
Subscriptions	400
	\$53,900

Disbursements

Salaries	\$ 3,300
Expense Allowances	3,000
Editor's Office Expense	1,750
Committee Expenses	250
Publishing	31,600
Commission—Con. Press	7,200

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—Agency Commission	4,850	
Cuts and Postage	1,750	
Office and General Expenses	150	
Estimated Surplus for year 1953	50	

		\$53,900

Appendix B.

February 4, 1952

DR. H. M. CLINE,
Canadian Dental Association,
Toronto, Ontario.

Dear Sir:

We have audited the accounts of the COMMITTEE ON PUBLICATIONS OF THE CANADIAN DENTAL ASSOCIATION for the year ended December 31, 1951 and submit herewith the following statements:

Certified Balance Sheet	Page 2
Statement of Revenue and Expenditure	" 3

In connection with the audit of the editor's office accounts, there was submitted to us a certified statement of his disbursements for the year ended December 31, 1951, totalling \$1,625.71, which amount is included in the accompanying statements.

Respectfully submitted,
THORNE, MULHOLLAND, HOWSON & McPHERSON
Chartered Accountants

Canadian Dental Association
COMMITTEE ON PUBLICATIONS
BALANCE SHEET

December 31, 1951

Assets

<i>Current assets:</i>		
Cash on hand and in bank	\$ 5,782.92	
Account receivable	89.01	\$ 5,871.93

<i>Capital assets:</i>		
Office furniture and fixtures	508.03	
Less Reserve for repreciation	343.57	164.46

		<u>\$ 6,036.39</u>

Liabilities

<i>Current liabilities:</i>		
Account payable		\$ 702.66

PUBLICATIONS

Surplus:

Surplus, December 31, 1950	\$ 331.75	
Surplus for year 1951	5,001.98	5,333.73
		\$ 6,036.39

AUDITORS' REPORT

We have audited the accounts of the Committee on Publications of the Canadian Dental Association for the year ended December 31, 1951 and report that, in our opinion, the above balance sheet and related statement of revenue and expenditure fairly present the financial position of the Committee as at December 31, 1951, and its transactions for the year then ended, according to the best of our information and the explanation given us, as shown by the books.

THORNE, MULHOLLAND, HOWSON & McPHERSON

Chartered Accountants

Canadian Dental Association

COMMITTEE ON PUBLICATIONS STATEMENT OF REVENUE AND EXPENDITURE

Year ended December 31, 1951

Revenue

Advertising	\$ 36,825.88	
Canadian Dental Association grant	13,500.00	
Subscriptions	477.39	
Interest and premium on U.S. currency	4.29	\$50,807.56

Expenditure

Honoraria to editors	\$ 2,460.00	
Expense allowances	2,936.35	
Editor's office expenses	1,526.21	
Committee meeting expenses	39.60	
Publishing The Journal	26,206.92	
Commission, Consolidated Press, Limited	6,486.91	
Agency commission	4,391.34	
Cuts and postage	1,593.60	
Depreciation on office furniture and fixtures	21.25	
Office and general expenses	143.40	45,805.58
<i>Surplus for year</i>		\$ 5,001.98

COMMENT AND RECOMMENDATIONS

1. Concur.
2. We recommend that the Board of Governors forward to the retired Assistant Editor a suitable resolution.
3. Express satisfaction.
4. No comment.
5. Agreed
6. Agree with the recommendation.
7. Agreed.
8. No comment.
9. We express satisfaction.
10. Agreed.
11. We commend the Committee most heartily for their year's effort.
12. We approve the budget, Appendix A.

APPROVED

REPORT OF THE EDITOR — M. H. GARVIN

1. In presenting the Annual Report of the Editor I would at once say that this has been a year of triumphs and trials. Were it not for the most sympathetic support of the Committee on Publications, the fine co-operation of the French Editor, Dr. de Montigny, the splendid help of our Business Manager, Dr. Gullett, and our associate editors, the triumphs would have been all but impossible and the trials multiplied greatly. I should also add that our publishers have been most cooperative.

2. However, a cloud has appeared on the horizon in that our Assistant Editor, Dr. Tom Marshall, who has been connected with the Journal since its inception nearly eighteen years ago, is retiring on account of health problems. To me, Tom has been an inspiration, a stimulation, a most dependable associate throughout these years, a man who could always be counted on to do a job and do it well, a man who "hitched his wagon to the stars" and never deviated from the high goal set for himself. It was always a source of vast encouragement to me to know that whatever might happen there was a loyal and efficient friend, capable and willing, sitting at the very doorstep of our publishing house ready to carry on. Tom Marshall put everything he had into making our Journal a success and when I think of his efforts I think of Henry Ward Beecher's statement "Every artist dips his brush in his own soul."

3. As for the Journal, it must speak for itself with respect to the past year. Admittedly, there is room for improvement but as I am a part-time editor the limitations of time have encroached considerably. I am well aware that if what we print is not read, it is a total waste, so for this reason much thought has been given to the choice of articles and the general set-up, within the limit of our financial means.

PUBLICATIONS

4. We have tried to select articles which the average dentist would be able to understand and evaluate and find interesting. This presents a real problem in these days. Francis Bacon is said to have been the last man who commanded all the knowledge of his age. In this age, that cannot be said of any man. Even in the very limited sphere of dentistry no one knows it all, but in our Journal we do endeavour to give valuable information to the reader. The demand for reprints is increasing, and we have reason to believe that the Journal is becoming more widely read, judging from letters which have been received from widely separated sections of our country. Articles and editorials from our Journal have been republished in a number of other journals. Some of the innovations used in our Journal are being used more and more in other journals — particularly the use of inspiring quotations. The profession needs periodic injections of inspiration.

5. The outstanding achievement of our Journal since last we met is the “Golden Jubilee Issue” which is being set up in dummy form as this report is being written. Endless hours of time have been spent on this particular issue but with the splendid planning and arranging by Dr. Gullett and the Public Relations Committee, the editor’s task was greatly lightened. This Committee held many meetings, planned the issue, and secured the material to be edited.

6. The Journal must continue to maintain its position as a publication of highest rank. To do so, every problem which presents itself must be dealt with promptly.

7. The old problem of advertising dental conventions in our Journal is still with us. At the last Governors’ Meeting it was decided that the Publicity Committee in charge of advertising our National Convention should have a limit of nine pages.

8. According to the same resolution passed at the last Governors’ Meeting, a provincial convention or group of provinces holding a convention can have one half page free to publicize the meeting and that such groups would have to pay for extra space. I believe that it is in the interests of the Journal that no extra space be given, regardless of payment. I am of the opinion that local conventions could well be publicized among the members by direct advertising. This does not apply to a mere announcement on the Announcement Page nor to a limited write-up in the News Section.

9. Then there is the problem of “Oral Health” which is becoming more and more a competitor of our Journal in the advertising field and I feel that this is a problem which should be dealt with. The situation is fast arising — if it has not already arisen — when it will be easier to sell advertising for “Oral Health” than for the Journal of the Canadian Dental Association. Some years ago American dentists, in the interests of dental journalism, placed their stamp of disapproval upon all privately owned dental journals. It was for this reason that “Dental Cosmos” which had been published by the S. S. White Co. for 75 years and had been edited by dental leaders of the very highest rank, ceased publication. This journal held an enviable reputation in the field of dental

journalism at home and abroad. In 1930 the Journal of the American Dental Association had 215 subscribers in Canada and 17 in Great Britain, while the Cosmos had 878 in Canada and 1002 in Great Britain.

10. Now "Oral Health" is privately owned and not under the direction of organized dentistry and the placing of college men on the editorial staff does not alter the picture. Before our Journal was started the C.D.A. committee appointed to get our national publication underway approached Dr. Wallace Seccombe, editor and owner of "Oral Health", with the proposition that he turn his journal over to the C.D.A. and that the Committee would strongly recommend that he be made editor. Dr. Seccombe refused to agree to this plan because he wished to have a free editorial policy and not be subjected to any direction from a committee of the C.D.A. So for this reason I do not feel that any sentimental ground can be found for supporting this publication.

11. Within recent months "Oral Health" has evolved a very clever scheme of getting the special support of our dental schools. I believe that our dental deans were approached to direct the policies of "Oral Health" and understand that this was turned down, but the next step was almost as insidious in appointing college men as editors and correspondents. Even some of our own C.D.A. Journal editorial staff were approached. When in one or two cases my advice was sought I turned "thumbs down" in no uncertain way for the biblical admonition still holds good: "No man can serve two masters; for either he will hate the one, and love the other; or else he will hold to the one, and despise the other."

12. If our universities back this proprietary journal the advertisers cannot help but be influenced. They know that here is where all our students are advised as to what instruments and supplies and equipment to purchase. I am not guessing — I have been told by supply house leaders that this is the case.

13. Of course we cannot do anything to prevent the owners of "Oral Health" from securing any dentist they can to assist in editing this Journal, but as a Canadian Dental Association I do feel that we have a right to expect our universities to give us one hundred per cent support and that we have a right to expect the deans of our various dental schools to urge all those associated on their faculties to keep clear of this connection for the good of Canadian dentistry. At present the large majority of the associate editors of "Oral Health" are connected with the Faculty of Dentistry, University of Toronto.

14. In making these statements they are made with the firm conviction that our college men are quite prepared and eager to give every possible support to the C.D.A. and its Journal, and that this relationship to "Oral Health" has arisen because they were not acquainted with all the facts.

CONCLUSIONS

1. Nine pages should be the limit of space allowed to advertise any C.D.A. convention and this to include Page One of the Journal, if used for advertising purposes.

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2. That one half page be the limit to advertise any provincial convention.
3. That no extra pages will be available for purchase.
4. The above does not affect the use of mere announcements on the Announcement Page of the Journal or a limited write-up in the News Section.
5. That the deans of the dental schools of Canada be advised that in the opinion of the Governors of the Canadian Dental Association it is not in the interests of our National Association to have members of their Faculty co-operate with any proprietary journal.

COMMENT AND ACTION

1. We congratulate the Editor-in-Chief for his accomplishments during the past year and concur in his expressed appreciation of his associates.
2. We concur in the editors sentiments expressed concerning Dr. T. R. Marshall.
3. Agreed.
4. We note with appreciation the ever increasing influence of the Journal at home and abroad.
5. We extend congratulations to the Editor-in-Chief and all those who assisted in preparing the splendid "Golden Jubilee Issue".
6. Agreed.
7. We recommend that advertising for the Annual Meeting be kept to nine pages, including page one.
8. Agreed.
9. to 14. Noted and referred to Committee on Publications for further study.

CONCLUSIONS

1. Dealt with in paragraph No. 7. of preceding.
2. Agreed.
3. That no extra pages in the "text" portion will be available for purchase.
4. Agreed.
5. Referred to the Executive of the C.D.A.

APPROVED

REPORT OF THE EDITOR OF THE FRENCH SECTION — GERARD DE MONTIGNY

1. Once again, I have the honour to report the activities of the French section of the Journal for the past year and the intentions of the Editorial Staff for the coming year.

1. (a) We were fortunate, this year, to receive more scientific copies than ever — as a matter of fact, more material than the space in the Journal would allow — we still have on hand about one dozen of excellent papers that we intend to publish during these coming months.

(b) We are now at a stage where we can segregate the papers and make a choice of them; the best are kept and the others are sent back to the authors, with the best explanation possible.

(c) Not so many years ago, I remember the time when we had to use material that had been published in French-written journals of Europe to fill up our pages.

(d) But now, the situation has changed considerably and French-speaking dentists of Canada are becoming increasingly aware of the importance of scientific research and to the function of the Journal in the betterment of the profession.

2. (a) A good many of our articles are reproduced in dental journals of France, Belgium and Switzerland. Sometimes, editors of these journals seek permission to do so. Sometimes, they do not, and this situation brings a problem that is hard to solve. In some instances, some official Journals had written us to ask authorization to reproduce one of our articles; we always give this consent providing the publication is really professional in character. In the meantime, during the exchange of letters, some semi-commercial journal has already reproduced the papers concerned and the former official journal wrote us back to report that they were not interested any more since it had already been published in their country. I'm at loss at finding a solution to prevent copying of our material by commercial publication in a foreign country.

(b) I'm only reporting this situation and the learned members of the Board of Governors may bring out a way to enforce the rights of the Journal regarding its published material.

3. (a) You already have received the special issue of the Journal on the occasion of the fiftieth anniversary of the foundation of the Canadian Dental Association.

(b) This presentation was accomplished with no small amount of work by the contributors, who wrote interesting articles on the history of Canadian dentistry. However, the French section may have delayed the date of the publication of the Journal for that important event. The printers notified the Editor for the submission of material only at the last minute and the upmost was done to keep on date with the projects.

(c) As the publication of this issue was under the responsibility of the Committee on Public Relations, I would suggest that the Chairman of this Committee write a letter to each essayist, thanking them for their effort and for their contribution to the golden anniversary celebration.

4. As for the plans for the future, the Editorial Staff of the French section has adopted a policy that will be implemented as soon as financial conditions for the publication of the Journal show some improvement. Our situa-

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tion is comparable to that of a young couple married some five years ago. They would have rented a three-room apartment. In between time, the family has increased. The apartment is too small, but this family manages to live in these restricted quarters. They look forward to the day when the housing conditions will have improved; they are constantly planning; they do the best they can.

5. Before closing this report, I wish to extend to the Business Manager, to Dr. Garvin and to the members of the Committee on Publications my most sincere thanks for the spirit of cooperation extended to the French section during this past year.

COMMENT AND ACTION

1. No comment.
2. It is gratifying to see the added interest being manifest by the French speaking dentists and French publications.
3. At the present time we can see no solution to this problem.
4. We note the difficulties the Editor of the French Section had with his publication and wish to compliment him and his associates for such a splendid achievement.
5. Agreed.
6. We concur in these sentiments.

We wish to congratulate the Editor of the French Section on the fine service which he has rendered during the past year.

APPROVED

MEMBERS OF COMMITTEE ON ETHICS: J. D. McLean, Chairman, Edmonton, Alta.; O. L. OATWAY, Red Deer, Alta.; S. C. HODGSON, Edmonton, Alta.; J. P. WHYTE, Swift Current, Sask.; H. N. B. BEACH, Ottawa, Ont.

REPORT

I. Your Committee is pleased to report the recent publication of the English version of the booklet "A Guide to Professional Conduct". It has been distributed to members of the Association, and in addition, sufficient copies were made available to the Deans for distribution to the members of the graduating classes in the Canadian schools of dentistry.

II. The favourable response to this publication is most gratifying.

III. The Committee would like to compliment the Secretary, and his associates for the most attractive design and format of the booklet.

IV. There has been some difficulty in obtaining a satisfactory French translation; one which would indicate the intent of the English wording. It is anticipated, however, that under the very capable direction of Dr. Ratté, this version will be ready for publication and distribution shortly.

V. In an interim report to the Executive last February, certain changes in the text were recommended, and approved by the Executive in time to be incorporated in the publication.

VI. Since that time, two other items have been drawn to our attention, and we would recommend that the text be changed in future printings as follows:

1. Under section V(e), omit the phrase "as varying conditions permit".
2. Under section VI(c), amend to read, "In addition to his obligation to the public, every dentist should show his appreciation and respect to his teachers . . ." etc.

(This change was not agreed to—see Comment and Action).

VII. The question of policy respecting publication of statements emanating from this Committee was referred to the Executive, where it was decided that the publication of statements of a directive nature was desirable, and that such statements should be referred to the Executive before publication.

VIII. In this regard, a statement on the "Guaranteeing of Denture Materials" was published in the May '52 issue of the C.D.A. Journal.

IX. The Committee has under consideration certain other matters pertaining to unethical practises, which they propose to present at not too frequent intervals, the thought being that the effectiveness of such statements will be greater if they do not appear too often.

X. As expressed in the February interim report, the Committee feels that there is an opportunity to do some very useful work by cooperating with the provincial bodies, and possibly their disciplinary groups, in drawing to the

ETHICS

attention of the profession, certain minor infractions of the Code, which do us no credit.

XI. Finally, we are on the alert to encourage the publication of statements on Ethics by highly respected members of our profession. An example of this is Dr. William Miller's paper, "Challenge to a Young Profession", which is shortly to appear in the Journal.

COMMENT AND ACTION

- I. to IV. We compliment the Committee on Ethics upon the attractive appearance of the booklet "A Guide to Professional Conduct" and wish to thank Dr. Ratté for his cooperation in securing an adequate translation in the French language.
- V. We have reviewed the changes made in the text by the Executive Committee with which we are in accord.
- VI. With respect to the suggested changes in the text we agree with the omission of the phrase in Section V. (e) "as varying conditions permit" but do not concur with the addition of the phrase "In addition to his obligation to the public" in Section VI. (c), as this phrase is not pertinent to the text under this section.
- VII. We commend the aggressive policy of the Committee on Ethics in issuing directive statements, as required, channelled through the Executive Committee.

We commend the Committee on Ethics for their constructive outlook.

APPROVED

MEMBERS OF THE COUNCIL ON DENTAL EDUCATION: W. SCOTT HAMILTON, Chairman, Edmonton, Alta.; R. G. ELLIS, Toronto, Ont.; E. CHARRON, Montreal, P.Q.; HARVEY W. REID, Toronto, Ont.; A. L. WALSH, Montreal, P.Q.; WILLIAM MILLER, Vancouver, B.C.; D.C.C. Representative: R. O. WINN, Kitchener, Ont.

REPORT

1. Since the last meeting of the Board of Governors, the Council held a meeting at C.D.A. headquarters, Toronto, on February 7 and 8, 1952.
2. All members were present.
3. Non members in attendance were Dr. G. Ratté, Québec, President-elect, and Dr. D. P. Mowry, Montreal. There were others who attended the meeting for short periods, whose names are recorded in our minutes.
4. The work of this Council appears to be increasing as time goes on. On this particular occasion there were 27 items on the agenda, but in spite of this each matter was given due consideration.

I. Dental Students' Register

5. This has since been distributed in the Governors' Letter, but I should like to bring to your attention a few pertinent points connected with it. Those agencies and individuals, who are concerned over the shortage of personnel in the profession of dentistry, should take note of the maximum number of students who can be accepted into the universities of Canada. In the first year there are 212. If this low registration is allowed to continue for any length of time, we will experience an even greater shortage of dentists than at present. There is, of course, another factor which further reduces the number of graduates; that is the failures in the first and succeeding years. At the present time we are able to take up this loss, to some degree, by accepting a limited number of displaced persons and immigrants from Europe, who come under the category of Special Students. There are approximately 42 Canadians attending schools in the United States, and this added to those attending in Canada makes a total of 797 in all years.

6. There are those who maintain that the schools of Canada are not operating to their maximum capacity. A visit to any of the faculties should convince you that the greatest possible use is being made of the space and available faculty facilities. It is held by some that all dentists are not as busy as they might be, and therefore, we do not need more dentists. This, however, I think can be explained by the fact that there is a great tendency for the young men to settle in the larger centres, and avoid going into the rural communities. It is quite true that there are 128 less students in attendance at Canadian dental schools today than in the 1950 and 1951, but the enrolment at that time was because of the influx of ex-service men, and the various universities made a special effort to accommodate them. The credit for these

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young men having received their education should go to the members of the faculties who made a special effort and worked long and hard in order that they might receive the best possible instruction.

7. An interesting point arises out of this with respect to the attendance of students, in percentage to the population by provinces. British Columbia and Saskatchewan have a higher percentage of students than has the province of Alberta; the latter has a dental school and the two former have not.

8. There is always considerable confusion, in making reports, as to what is meant by the various terminologies used in describing advanced students. The Council, for the purpose of publishing the dental students register, has adopted the following terminology:

- (1) Graduate students — those dental graduates registered in a graduate dental school of the university proceeding to a degree.
- (2) Postgraduate students — those dental graduates registered in a dental faculty proceeding to a degree or diploma.
- (3) Occasional students — those dental graduates registered in a dental faculty for courses of long or short duration, but not proceeding to a degree or diploma.

II. (a) Preventive Orthodontics

9. In the field of preventive dentistry the modern concept of interceptive orthodontics was brought to our attention by Drs. Moyers and McIntyre. At the present time it would appear that this phase of dentistry is not fully appreciated by the public, who still seem to be more concerned about the insertion of artificial dentures and such other restorative procedures. This, I suppose, is perfectly natural because older people have this brought home to them more directly, and since the various malformations of a child are not fully appreciated by them, it is going to require considerable education in order to impress upon them the importance of the training of the hygienist and more dental personnel.

(b) Dental Hygienists

10. There was considerable discussion with respect to, not only the training of hygienists, but the place which they should occupy in relation to the practice of dentistry. It was felt by some that if a large number of hygienists could be made available, many dentists would not know how to employ them to the best advantage. This would be no problem to the men who attended a university where a school for hygienists exists, but for others there undoubtedly would be a problem. For this reason, the Council decided that a brochure should be prepared for distribution and Drs. Ellis and Reid were appointed to the task of preparing same. It will probably be another year before it will be available. Some of the points that it will make clear are, for example, how

much time can the hygienist save the dentist, and how much more service can the dentist render the public. This is important for it was brought out at the meeting that since 1938 the province of Ontario has had a net gain of one dentist, whereas the population has increased from two and one-half to four and one-half million. It is obvious that we must do something to make dental services more readily available to the public, by obtaining both hygienists and more dentists. Political expediency is a condition which we must be ready to face at any time.

11. Toronto is to be congratulated on having established a school for hygienists, but the other faculties in Canada are making little progress, because of lack of support from either the governing bodies or those who supply the funds. This means that we need information on this subject and also that we must be prepared to negotiate for our requirements. Those who are interfering with our progress must be brought to realize that the most important service dentistry can render is to the child.

III. General Anaesthesia

12. As indicated in our last report to this Board of Governors, this is a very controversial subject. There was a plea for more training in the undergraduate program. Already, all of the schools are giving more hours of instruction in the course of dentistry than is recommended. The Ontario Society of Dental Oral Surgeons requested that they be permitted to send representatives to our meeting and they were received on February 7th. They were represented by Dr. Smylski of Hamilton, and Drs. Methven and Diprose of Toronto. These men presented a well prepared report but there seems to be no necessity for going into this in great detail at this time. Dr. Miller, who had been appointed at our previous meeting as chairman of the committee to bring in a report on this subject, did so at our meeting this year. He made a very thorough analysis of all the material which had been previously presented and it appears in the minutes of our proceedings as Appendix C. Amendments to this report appear in the body of the minutes on page 32. The motion covering this item reads as follows: "That the dental schools be urged to continue to provide undergraduates with a sound training in the fundamentals and practice in general anaesthesia, and further, that dental graduates be encouraged to proceed with higher qualifications in general anaesthesia". Some difference of opinion still exists with respect to what constitutes adequate training. Court decisions and the reports of coroners' juries, in certain instances, have caused us to give this matter very serious thought and consideration of the subject should continue at our future deliberation.

IV. Curricula of the Dental Schools

13. Toronto and Montreal each turned in revised curricula. The other three schools reported no significant changes. Montreal now requires the same pre-professional training as is prescribed in Medicine. Toronto has eliminated the six weeks clinical period during the summer session but has increased the length of the session, for that year, from 32 to 36 weeks. The total number of

EDUCATION

hours in the complete course in Montreal is now shown as 4,309, and in Toronto as 4,034. I have not included the details of the various changes in these two curricula as they are probably of more interest to the Survey Team than this meeting. Anyone interested may easily be supplied with a copy.

V. Survey of Dental Schools

14. Under the terms of reference the Survey Team has been given considerable freedom and was not required to make a report to the Council on Dental Education until such time as they saw fit. Their progress report is attached as Appendix A.

VI. Location, Facilities required and cost of establishing Dental Faculties

15. This was referred to the Council at the last meeting of this Board of Governors. The secretary, as well as the Deans, have been approached from several quarters for information on this matter and to date we have had very little to pass on to them. It was found that the information gathered from various universities varied considerably as to the cost of constructing a dental school. This is understandable as the costs have been going up steadily now for several years. Also, the space allotted and the facilities provided vary considerably in different universities. Even in those provinces where schools already exist there are a number of young men who cannot be admitted. The dental students' register shows that three provinces without dental schools, namely Prince Edward Island, Saskatchewan and British Columbia, are the best off in the ratio of dental students to population. However, this does not alter the fact that we need more dental schools in Canada, for we are very rapidly losing ground and with no provision for the increase in population. Very few will question the desirability of training more dentists in Canada. The only question that remains to be settled is how to advise the various universities who made inquiries. Not having the necessary information, we finally decided to set up a committee to make a study and report at our next meeting. The committee consists of Drs. Miller, Ellis and Mowry.

16. Dr. Wm. Miller presented a statement, on the formation of a dental faculty in the University of British Columbia. The following motion was passed by the Council, "That Dr. Miller's report be accepted and that this Council urge the Canadian Dental Association to recommend to the proper authorities in British Columbia, political and university, that a dental school be established in that province".

VII. National Examining Board

17. This matter was referred to the Executive and therefore the Council takes no further action. They do, however, continue to demonstrate interest in this very important matter, and at each meeting we receive a progress report. On behalf of the Council, I should like to express our delight with the progress which is being made in this task by the provincial representatives.

VIII. Academic Qualifications for Specialists

18. This matter has been considered only very briefly at previous meetings. However, some individuals are very much concerned and wish to have something established as to the educational standards in the various specialties. It is also felt that we should, if possible, avoid getting dentistry into the position which medicine finds itself today, and members of that profession have advised us to avoid some of their mistakes. The general practitioner must still be considered the backbone of our profession. Those who wish to practice a specialty should be expected to meet certain standards, but the present standards vary extensively in different localities. The Council has appointed the following committee to study the matter and present a report at our next meeting: Drs. Ellis, Charron and Fisk.

IX. Increase in Teaching Time for Orthodontics

19. The Orthodontic Section of The Canadian Dental Association was represented by Drs. Moyers of Toronto and McIntyre of Calgary. They stressed the importance of adding time to the dental curriculum for the teaching of orthodontics, not so much in the corrective field as in prevention. These two gentlemen are very sincere in their efforts to have the dental students trained in this field. Dr. Moyers made the statement that, "If every dentist in Canada could be trained to do orthodontics tomorrow, we still would not be able to handle all the cases of malocclusion". If, on the other hand, they are well trained in preventive orthodontics, he claims that many of these cases would not develop. The Council has every sympathy for the request made by these men, as is indicated by the following motion: "That the Council appreciates the viewpoints of the Orthodontic Section, that the teaching of orthodontics to undergraduate students should be directed towards preventive and interceptive orthodontics, and that this Council urges the dental schools to review their program on this matter".

X. Criteria used in the Selection of Students on Admission to Dental Schools

20. This item arose out of difference of opinion in various educational institutions, both high school and university, as well as licensing boards, as to the interpretation of certain requirements. While a great deal might be said on this subject, this report is confined to an interpretation of the "Requirements for the Approval of a Dental School", which was published by the Council on Dental Education, after the approval of this Association. This pamphlet describes the subjects which should be included in the pre-professional course. It states that two years of college is a requirement. The question raised was, does this mean that the two years must include the subjects in both years, or does it mean that the course must consist of two years of college to include these, but not necessarily each course being given two years duration? The opinion expressed was, that in some cases, licensing boards are too specific in their requirements, to the point where a liberal education is interfered with. Universities, generally speaking, are opposed to such an attitude,

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their contention being that the purpose of an education is to train the mind. You no doubt are all familiar with the criticism in various parts of the country with respect to the training of students in preparation for university. After much discussion the Council finally decided upon the following motion: "That the Council interpret the first paragraph on admission of students, in the manual 'Requirements for the Approval of a Dental School' in the broadest sense. While definite subjects are named, they shall not necessarily be included in each of the two years of Arts and Science."

XI. Increased Study of the Humanities in Dental Schools

21. This subject is best fitted into this report immediately following the one we have just presented. It was introduced by Dr. Ellis, Dean, Faculty of Dentistry, University of Toronto because of a communication which he had had from the Dean of the School of Graduate Study, who had been appointed chairman of a special committee set up by the President, to deal with the subject of Humanities in universities. They want to know whether or not more study of the Humanities could be required in the professional schools. A few years ago the professional schools, in the University of Alberta, were faced with a similar situation. A committee was appointed at that time, consisting of representatives of the various faculties. They made a thorough study and their report was compiled and mimeographed. At that time a copy was distributed to each member of the Council on Dental Education.

22. Dean Ellis reports that the committee was suggesting that probably the time had come for dentistry to add a third year to the Arts and Science course. Wherever the trouble lies, it is felt in many quarters that graduates of universities, not only in the professional schools, but elsewhere, are not as well trained in the Humanities as they might be. One has only to read a few examination papers to realize that their knowledge of English grammar and composition is not what it should be, nor probably what it was with graduates of years ago when the pre-professional requirements were not as high, or supposedly as high, as they are today. While it might be ideal to require further training in Arts and Science for admission into dentistry, it was generally felt by the Council that this could not be instituted at the present time, otherwise we might lose some very fine material. The subject was disposed of by the following motion. "That any increase in the teaching of the Humanities in the dental schools should be done at the pre-professional level." This does not entirely rule out the possibility of any school increasing their pre-professional training if they so desire, but it is felt that the dental curriculum is so heavy at the present time that the introduction of Humanities could be accomplished.

XII. The Advisability of Instituting Aptitude Tests

23. The American Dental Association instituted an aptitude test a number of years ago and it has now been in use for sufficient time that its value can be assessed. The opinion generally held is that it is worth while. The Association paid the cost of the test during the experimental years, but it is now

being passed on to those who apply for admission to dental schools. They are each to be assessed \$10.

24. The reason for introducing this subject into our agenda was to determine the feelings of the Council with respect to approaching the American Dental Association to determine if they would test our students if we so wished. At least two of the schools in Canada have had their own aptitude tests. One is still using it, while the other has discarded it. At the present time most of the Canadian schools are more or less forced to rely entirely upon academic standing. This applies particularly in state institutions, with respect to applicants from their own province, since the institution is financed out of public funds.

25. While most educational authorities agree that factors other than scholastic standing should be considered, there are some people who would have academic standing last on the list of requirements. Manual dexterity in the minds of a great many people, occupies a position of importance. On the other hand, one of our Deans said that they had no trouble of dexterity, but that they had plenty of trouble with the basic science courses. No doubt there are many young people with hidden dexterity, that is, they may have been brought up in environments where they never had an opportunity of using it, whereas, the other young person, whose father provided a hobby shop of some kind, would have a distinct advantage. A real aptitude test, therefore, must consider other factors than physical skill or dexterity. We are all interested in the applicant's background and his outlook of life in general. The discussion on this matter closed with the following motion: "That the secretary inquire as to whether or not the facilities of the American Dental Association aptitude tests could be made available for Canadian Dental Schools and that the item be tabled." Since the time of the meeting, I have had a letter from the secretary advising me that he inquired of the American Dental Association and that they would give the matter consideration, but to date no definite decision has been reached.

XIII. European Graduates

26. The various universities have instituted their own methods of handling this type of applicant. The matter was placed on our agenda because of a complaint received from one of the schools to the effect that members of our diplomatic service in foreign countries were advising these people that there was a great shortage of dentists in Canada, and that they would practically be welcomed with open arms. Imagine their disappointment on arriving in Canada, to find that dozens who had been here for a number of years, had not been able to obtain a license to practice. Our secretary advises us that he keeps the Secretary of State informed as best he can with respect to the requirements for practice in Canada, and that his information has been distributed to the diplomatic service all over the world.

XIV. Establishment of Teachers' Training Course

27. At a meeting on Dental Education held quite recently, one of the

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speakers made the following statement, "In the dental schools we have professional dentists and amateur teaching". This might be expressed in another way, by saying that from the professional standpoint, there are many men who are well qualified, but very few dental schools provide courses in the technique of actual teaching. Some of our faculties have taken advantage of the Faculty of Education within their universities, to bring the actual methods of teaching to their staffs. Some of the members of this Council felt that this should be carried a little further and schools and courses established at certain points, where teachers might attend short refresher, or even extensive, courses as desired. Our secretary was requested to investigate the subject further, by discussing the matter with Dean Lewis, who is a member of our Survey Team.

XV. Instruction in Civil Defence

28. Your secretary, who is a member of the Federal Board on Civil Defence, reported that at a meeting in Ottawa he was questioned as to whether the dental schools would answer a call to institute instructional courses in civil defence. He took the stand that the Deans would probably have no objection, if a general program was instituted. The statement was presented simply as a matter of information and will be dealt with at a later meeting.

29. In closing this report, may I present the sincere appreciation of all members of the Council for the cooperation we have received from the members of the Board of Governors and their serious consideration of all matters presented during former years. Much of the hard work in connection with work of this Council must naturally fall upon the shoulders of our Secretary and his assistants, but I am sometimes of the opinion that he could be relieved of many of his duties if we, the members of the Council, were more centrally located. However, in a democracy this could not be possible. He and his staff at headquarters always do everything within their power to have all materials ready for consideration at our meetings. Here, I also include Miss Weir who is responsible for taking our minutes. We are also indebted to many of the dentists who live in Toronto, for the hospitality they have extended to us on various occasions. While serving as Chairman of this Council, I have had the full cooperation of all the members of the Council as well as many of those outside. We have had many disagreements, but they have been expressed in a very dignified manner. As long as this situation continues, we cannot avoid making progress.

Appendix A.

**INTERIM REPORT OF THE SURVEY COMMITTEE
of the
CANADIAN DENTAL ASSOCIATION
to
THE COUNCIL ON DENTAL EDUCATION
February 1952**

Members of the Committee:

Dr. A. C. Lewis, Chairman.

Dr. H. W. Reid.

Dr. A. L. Walsh.

Sept. 7, 1950

On September 7, 1950, the Committee met with Dr. Horner of the American Dental Association and Dr. D. W. Gullett in the office of the Canadian Dental Association on Huron Street to discuss with Dr. Horner problems that might be encountered in making a survey of Dental Schools in Canada.

Sept. 8, 1950

The Committee took the night train to Chicago and spent the day with officers of the American Dental Association to pursue their search for information regarding the proposed survey of Dental Schools in Canada.

October 19-20

The Committee visited the University of Michigan and spent a busy two days on the invitation of Dean Jeserich to visit his Institution to learn anything that we might think useful to us in surveying Canadian Schools.

Program of Visits

The Survey Committee visited the five Dental Schools of Canada on the following dates:—

Alberta—November 13, 14, 15 — 1950.

Montreal—January 15, 16, 17 — 1951.

Dalhousie—February 5, 6, 7 — 1951.

McGill—February 26, 27, 28 — 1951.

Toronto—March 28, 29, 30 — 1951.

It should be noted that Dr. Walsh was ill and unable to make the visit to Dalhousie, but the other two members decided to carry out the survey as planned and are responsible for the confidential report submitted.

The Chairman of Committee was taken ill during the visit to McGill and is grateful to Drs. Reid and Walsh for completing the part of the survey for which he was responsible.

Reports

Confidential reports were prepared and studied carefully at subsequent meetings of the Committee, and were submitted to the Head of the University. A copy of the report was also sent to the Dean of the Faculty of Dentistry.

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The Survey Committee attempted to point out areas in which improvement in the program of dental education might be improved. The members of the Committee did not feel that they were surveying the school with a view to accreditation, but solely with the object of improving dental education in Canada.

Follow-up

The Committee decided that for the Session 1951-52 the Chairman should make an informal visit to each of the schools. Part of this plan has been carried out as below.

Alberta—January 12, 14, 15 — 1952.

McGill—January 29 — 1952.

Montreal—January 30, 31 — 1952.

The program calls for the following visits:

Dalhousie—February 11, 12 — 1952.

Toronto—March 17 — 1952.

The Chairman was grateful for the assistance of Dr. Walsh during part of his visit to the University of Montreal.

May I say on behalf of the Committee that the utmost cooperation was afforded the Committee by all concerned, and no effort was spared to make the survey as effective as possible.

During the 1952 visits the Chairman received the same wholehearted support of the Deans and their staffs. Already many of the recommendations of the Committee have been implemented. It was not expected that the Schools would concur in all proposals of the Committee but the reports were well received and there is the keenest desire on the part of each of the five Deans to make his program of dental education second to none.

COMMENT AND ACTION

1. to 4. No comment.
- I. 5. We recommend strong support for any request of provincial authorities for increased personnel and physical facilities for the teaching of Dentistry in Canada.
6. From information in this report we agree that there is a definite shortage of dental personnel and that the dental schools are operating to full capacity. We therefore endorse any constructive programme that will increase the training facilities for dental students.
7. No comment.
8. We approve.
- II. 9. We endorse the principle of Preventive Orthodontics in Children's Dentistry.
10. We would recommend that dental schools stress the training of dental students in the use of ancillary personnel.
11. We endorse the training of hygienists.
- III. 12. We would recommend that this committee deliberate further and make recommendations to this Board at a later date.
- IV. 13. We would congratulate the University of Montreal on now requir-

ing “the same pre-professional training as is prescribed in medicine”.

- V. 14. Interim Report noted.
- VI. 15. We approve the appointment of this committee to make further study.
16. We endorse the Council’s action in respect to Dr. Miller’s report.
- VII. 17. Agreed.
- VIII. 18. We endorse the action of the Council on Dental Education in the appointment of a committee to consider qualifications for specialists.
- IX. 19. Agreed.
- X. 20. We heartily concur in the interpretation of the Council on Dental Education, that it shall not be necessary to include the subjects named in the first paragraph in the manual “Requirements for the Approval of a Dental School” in each of the two years of Arts and Science. We also strongly approve of the conclusion that the chief purpose of education is to train the mind and would add that it is much more important to build character than build technicians.
- XI. 21. and 22. It is pointed out that the knowledge of English Grammar and Composition is not what it should be in our dental schools and the subject has been disposed of by the following resolution: “That any increase in the teaching of the Humanities in the dental schools should be done at the pre-professional level”.
We are told that there are some medical schools which will not graduate a student who cannot speak acceptably and write a good composition. We feel that something should be done to raise the standards in this regard in our dental schools and that the committee should give the matter further study as to what definite steps could be taken to reach this goal, even if that procedure be limited to the improvement in secondary school education.
- XII. 23. to 25. We approve the investigation being carried on by the Council on Dental Education in regard to aptitude tests in American schools and recommend that the study be continued.
- XIII. 26. We concur.
- XIV. 27. We approve of any programme that will improve the standard of dental teaching.
- XV. 28. We are confident that the fullest support could be obtained from dental schools and organized dental bodies in relation to civil defence.
29. We congratulate the Council on Dental Education on their splendid work and especially the Chairman for his untiring effort.

APPROVED

LEGISLATION

MEMBERS OF LEGISLATION COMMITTEE: C. W. SHERIDAN, Chairman, Ottawa, Ont.; JAMES COUPLAND, Ottawa, Ont.; L. E. MacLACHLAN, Ottawa, Ont.

REPORT

1. The continued full co-operation of the ten Provincial Registrars in reporting legislative matters to this Committee is greatly appreciated. Copies of all Dental Acts, with recent amendments, have been received and are kept on file.

2. Canada

A Bill incorporating the "National Dental Examining Board" was introduced in Parliament at Ottawa in April of this year. It was anticipated that the legislation would be enacted previous to the C.D.A. Annual Meeting. However, at time of this report going to press in May, the progress of this private member's bill was uncertain.

3. Newfoundland

Although the Deputy Minister of Health has been very co-operative, the Dental Board has not been able to gain the confidence of the government to the extent of passing new legislation of a nature that would strengthen the position of the profession. A new Act, with numerous revisions to the Dental Act of 1934, will remain the primary objective of the Board. The official visit of Doctors Cline and Gullett was of inestimable value in assisting the presentation of our programme of Dental Public Health to the Department of Health.

4. Prince Edward Island

No new legislation was introduced this year, although a revision of the present Act is under way.

5. Nova Scotia

This province reports no new legislation this year.

6. New Brunswick

New Brunswick reports no changes this year although some are anticipated soon.

7. Québec

In acquitting a dental technician on a charge of practising dentistry illegally, a Québec judge ruled that the Act must define the offense of "practising dentistry illegally." One isolated act, he said, did not render an accused guilty of illegal practice. This loop-hole was immediately corrected by the College when, on January 23rd, the Québec Legislature approved an Act to amend the Québec Dental Act, definitely defining the practice of Dentistry. It now states that the committing of one or several of the acts listed in the definition of the practice of dentistry constitutes an instance of illegal practice.

8. Ontario

There was no action in Ontario respecting legislation.

9. Manitoba

Manitoba reports "no progress made during the past year in amending the Dental Act of Manitoba in regard to hygienists and some other matters".

10. Saskatchewan

No changes in legislation this year.

11. Alberta

In November 1951, by Order-in-Council, regulations were adopted regarding the practice of dental hygienists. There is still some difference of opinion with the Government in regard to this matter of one group or profession having control over another group.

12. British Columbia

(a) During the past year fifteen amendments were made to the Dentistry Act. These changes greatly strengthened the Act and eliminated some out-of-date principles. It is considered that the Act as it now stands is a big improvement.

(b) The dentists of British Columbia, more than those of any other province, are being forced to support their Act to the limit of their ability. The Dental Technicians' Society of B.C. is seeking a change in legislation which would allow them to deal directly with the public in the making of artificial dentures. The situation is being carefully taken care of by the Council.

(c) On January 17, 1952, five dental technicians were convicted and fined for practising dentistry illegally.

COMMENT AND ACTION

1. No comment.
2. We wish to commend the C.D.A. for its apparently successful efforts in establishing a National Examining Board.
3. to 6. No comment.
7. The successful inclusion of a clause defining one illegal act as an infraction is noted and approved. This is a desirable feature when it can be obtained through legislation.
8. No comment.
9. The Registrar for Manitoba also reported that unqualified dentists were being hired by the Department of Indian Affairs for dental services for Indians and Eskimos.
We recommend that the directorate of Indian Affairs of the Depart-

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ment of National Health and Welfare should be approached by representatives of the Canadian Dental Association with the view of discussing this problem and with the hope that the directorate of this Department would see fit to discontinue the use of unqualified individuals for dental services.

We recommend that the problem be referred to the Dental Services Committee for action and negotiation.

10. & 11. No comment.

12. (a) We compliment the College of Dental Surgeons of British Columbia on having the recent amendments approved and in effect.
- (b) The attempt of mechanics to become established legally is a dangerous trend which should be watched carefully by legal dental authorities across the country.

NOTE: It was reported to the committee that Orders-in-Council had been approved authorizing new by-laws and regulations.

It is noted with approval that legislation establishing the practice and control of hygienists is now in effect in B.C.

APPROVED

MEMBERS OF PUBLIC RELATIONS COMMITTEE: G. V. FISK, Chairman, Toronto, Ont.; H. S. THOMSON, Toronto, Ont.; H. E. LEYLAND, Toronto, Ont.; L. M. GROSE, Toronto, Ont.; R. P. LOWERY, Toronto, Ont.; W. R. JACKSON, Toronto, Ont.

REPORT

1. Since the Ottawa Meeting your Committee on Public Relations has continued its activities within the terms of reference, completing unfinished projects, initiating new projects and dealing with other matters referred to the Committee. In the group of unfinished projects the major one has been the 50th Anniversary Celebration with its three divisions — the special issue of the Journal of the C.D.A., the focal point of the Vancouver Annual Meeting, and the Provincial Celebrations throughout 1952.

2. 50th Anniversary Celebration

(a) Special Issue Journal of the C.D.A.

(i) The special Golden Jubilee Issue of the Journal of the C.D.A. was mailed to each member on May 27th. Your Editors, Business Manager, Advertisers and Publishers have cooperated with your Committee on Publications to bring together in one volume the first historic record of the development of Canadian dentistry.

(ii) To these as well as the many authors of articles who gave unstintingly of their time and effort to accomplish this splendid achievement, your Committee extends sincere thanks.

(iii) An extra 1,000 copies of the June issue were secured for distributors to undergraduate students in Canadian dental schools, to newspapers, and to various dentists in the United States and overseas.

(iv) While complete costs of this issue are not yet available it is estimated that this issue will be financially self-supporting.

(v) Letters of appreciation have been sent to the Editors, Business Manager, authors of articles, advertisers, and publishers, for their contribution to the success of this issue.

(b) Golden Jubilee Meeting

The excellence of the program as well as the minute details of arrangements for the Golden Jubilee Meeting ensure a large attendance. The engagement of Dr. Phillip Jay, Ann Arbor, Michigan, to address a public meeting on Monday evening, June 16th, is an innovation which should stimulate interest in dentistry by the public. The organization of a publicity committee under the chairmanship of Dr. G. A. C. Walley, with two representatives of the C.D.A. Committee on Public Relations and two representatives of the B.C. Public Relations Committee, provides a pattern in cooperation which follows that of the Joint Convention Committee and is recommended for adoption at future conventions by

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your Public Relations Committee. A series of news releases have been prepared by a sub-committee under Dr. Lloyd Grose, for use during the meeting of the Board of Governors. These will be amplified by press interviews with various committee chairmen.

(c) Provincial Celebrations

Several Canadian dental organizations have indicated that a part of their program during 1952 has been or will be devoted to a celebration to mark the 50th Anniversary of the founding of the Canadian Dental Association. The formation of Provincial Public Relations Committees in seven provinces will be of great assistance to the representative of the Board of Governors in each province in the planning and execution of plans for these celebrations.

3. A liaison has been established between your Committee on Public Relations and the Chairman of each Provincial Committee by a letter to him immediately upon notification of his appointment. He also receives a copy of the minutes of each meeting of our Committee; it is hoped that the Provincial Committees will reciprocate in this matter. In addition, a meeting has been planned for next Tuesday to include all provincial chairmen or their representatives in attendance at Vancouver to meet with the members of the C.D.A. Committee on Public Relations for a round table discussion upon a public relations program for Canadian dentistry. It is hoped that at this meeting our thinking will be crystallized into a unified program of public relations with a recommendation for its implementation.

4. Transportation

Arrangements for the special train which brought the majority of Eastern members to this meeting were made by Dr. R. P. Lowery and Mr. W. A. Finlay. The organization of suitable games and other activities fostered a spirit of friendliness amongst those travelling to the Convention.

5. Press and Radio Broadcasting

(a) As in former years your Committee has maintained a close relationship with the press, particularly during the Annual Meeting of the Board of Governors. The cooperation of the press and radio stations at Ottawa was excellent and our relationship with them was most pleasant. The 27 releases to the Press during the meeting appeared in 67 separate news items in the Ottawa papers and in over 100 other newspapers in various parts of Canada. The Canadian Press Clipping Service has continued to supply clippings pertaining to dentistry from the Canadian newspapers and magazines. During the period October 1st to April 30th some 4,817 clippings, or an average of 482 a month, were received at Headquarters. While a wide range of topics was included in these clippings, the chief topic was Dental Public Health with the Fluoridation of Communal Waters second in number. This indicates a reversal of public interest since our last report. Special mention should be made of two feature

articles on dentistry by Gregor Guthrie which appeared in the Ottawa Journal, March 20 and 21st, 1952.

(b) The number of articles on dentistry appearing in Canadian magazines continues to be high. A list of the important ones appears as Appendix F. Suitable acknowledgement has been made to each author.

(c) While the number of radio broadcasts pertaining to dentistry was less in number than that reported last year, there is a special interest shown by one broadcasting company in the development of a series of half-hour nation-wide broadcasts in cooperation with the Public Relations Committee. This project is recommended for further development by next year's Committee.

6. Procedure Re Magazine and Newspaper Articles

In order to ensure the accuracy of the information which reaches the public, your Committee, at the suggestion of Dr. C. H. M. Williams of Toronto, through a sub-committee under the chairmanship of Dr. Lloyd Grose, developed a uniform procedure for dentists to follow when preparing articles for the press or being interviewed respecting dentistry. This procedure (Appendix A.) was approved by the Executive Committee and appears in the April 1952 issue of the Journal of the C.D.A., page 219.

7. Relationship with Government Health Departments

A condensed review of the activities of the Dental Division of the Department of National Health and Welfare appears as Appendix E.

8. Cooperation with Other Health Organizations

(a) In addition to the Federal and Provincial Departments of Health other organizations have cooperated with the C.D.A. Some of the activities of these organizations will be briefly summarized.

(b) Health League

Three articles on dental health education prepared by the C.D.A. Dental Public Health Committee were forwarded to the Health League of Canada for use during Health Week.

(c) Red Cross

(i) The Canadian Red Cross Society continued its support of the preventive program of dental care in the province of Newfoundland in providing the services of an itinerant dentist in the area from Point Norse northward. Approximately 2,000 children of the area will receive complete dental care.

(ii) Three railway dental coaches are in service in the northern part of the province of Ontario, two of which have been purchased and equipped by the Junior Red Cross of the Ontario Division of the Canadian Red Cross.

(iii) In addition a fund of \$15,000 has been provided by the Ontario

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Division, Canadian Red Cross for new equipment for two dental surgeries in the new Hospital for Sick Children, Toronto.

(iv) The Ladies' Auxiliary of the same hospital recently provided funds to equip a dental surgery at the Thistletown branch, Hospital for Sick Children.

(v) In British Columbia the Junior Red Cross operates a fund to assist in the treatment of crippled and handicapped children and which includes the provision of financial aid to cases in need of orthodontic treatment.

(vi) Also in British Columbia the Junior Red Cross has initiated a most active program within many of its branches for the sale of milk and especially apples, in schools in order to decrease the consumption of pop and candy and as a positive approach to dental health education.

(vii) The Junior Red Cross of Alberta has equipped the Dental Department of the Children's Hospital in Calgary.

(d) **National Research Council**

(i) The stimulus to dental research by the National Research Council through its Associate Committee on Dental Research may not be fully appreciated by the members of our profession.

(ii) Organized in 1945, the Committee has grown steadily in influence and is now supporting a comprehensive program of research.

(iii) The Committee made grants-in-aid of approved projects and offers fellowships for postgraduate research. Grants are not restricted to members of the dental profession but may be awarded for work in the basic and medical sciences on subjects relevant to dental research. At the Annual Meeting of the Committee reports on the work done are considered and allocation of funds is made for the ensuing year. Grants-in-aid for 1951 - 52 include twelve projects, four of which are new.

(iv) The program of fellowships instituted by the Committee is limited to advanced research training in one of the sciences basic to dentistry. The fellowships are two classes: (a) \$1500 per annum open to graduates in dentistry of high academic standing, who have spent one year in postgraduate training, and (b) \$1600 - \$2500 per annum open to graduates in dentistry who have had experience in research work. The first awards under the Dental Fellowship program were made during 1951 - 52 to two Canadian dentists.

(v) The activities of the N.R.C. Associate Committee on Dental Research and our own C.D.A. Research Committee are laying a solid foundation for dental research from which will accrue tangible benefits to the dental profession.

(e) **Recommendations**

(i) Some of the recommendations which received the approval of last year's Board of Governors are repeated. These are as follows:

(a) That the Corporate Members cooperate with the Provincial Representatives on the Board of Governors and the Chairman of the Provincial Public Relations Committee to recognize at a suitable time and place during the remainder of 1952 in each province the 50th Anniversary of the founding of the C.D.A. if not previously recognized.

(b) That the chairmen of committees keep the Public Relations Committee informed of developments within the Committee which are of public interest.

(c) That vocational counsellor services within the profession be organized in each province.

(d) That consideration be given to the appointment of a public relations counsellor for the C.D.A.

(e) That a public relations committee be organized in each province.

(ii) The following additional recommendations are offered for consideration:

(a) That the plan be continued whereby the President or other officer of the C.D.A. addresses the graduating class in dentistry in each university emphasizing the importance of each member as a public relations officer.

(b) That the Committee on Publicity for the Annual Convention be composed of a local chairman with two members of the C.D.A. Public Relations Committee and two members appointed by the cooperating dental body.

9. Vocational Guidance

(a) Through the continuous efforts of the Dental Alumni, U. of T., over the past three years a filmstrip sequence has been developed for use by vocational counsellors in the secondary schools to stimulate interest in dentistry as a career. This material has been presented to the C.D.A. with the understanding that the Alumni receive no credit line for their effort. The Executive Committee of the C.D.A. decided to underwrite the cost of distribution of 200 copies of the filmstrip to the secondary schools in the various provinces of Canada. By this gesture the Dental Alumni has shown an exemplary spirit of cooperation and deserve the gratitude of the dentists of Canada.

(b) Dr. H. S. Thomson, through his affiliation with the American College of Dentists, was instrumental in obtaining for the Canadian Dental Association a copy of the motion picture film titled "A Career in Dentistry" with permission to edit it if required to make it suitable for presentation to Canadian students. Dr. Thomson has received the commendation of this Committee and the Executive Committee for his interest on our behalf.

PUBLIC RELATIONS

10. Publicity during Tour by President and Secretary

The visitation of the President and Secretary to the various provincial dental organizations provides an opportunity for publicizing dentistry. The cooperation of Provincial Public Relations Committees will be of great assistance in making arrangements for press interviews with our Executive Officers. A suggested procedure for consideration is appended as Appendix D.

11. Public Relations Amongst Members of the Profession

(a) The distribution of the excellent booklet prepared by the Committee on Ethics should impress upon the mind of each Canadian dentist not only the necessity for good professional conduct but also the advantages to himself and to his profession of good public relations. The profession is judged by the daily conduct of its individual members, each one of whom must strive constantly to so conduct himself that he will enhance the dignity of his profession. The Ethics Committee is commended for this fine effort.

(b) After the request of the Public Relations Committee a splendid address by President Cline to each graduating class in the five Canadian dental schools was given. In this address Dr. Cline reminded the graduating class of their responsibility as public relations officers and in so doing has made a tremendous contribution to public relations program.

12. Public Relations Program

(a) Since our last Meeting your Committee has continued to give study to the development of a suitable program for the Association. Your Committee has not altered its position that a comprehensive program of public relations similar to that presented last year is desirable. But financial support for such a program has not been forthcoming. The amount available to our Committee in this year's budget would be hopelessly inadequate for even a preliminary survey and a preliminary survey would not serve a useful purpose unless it is possible to implement the recommendations of the Public Relations Counsellor engaged to conduct such a survey. In other words a Public Relations program is a long range program to be undertaken only with adequate financial support.

(b) Your Committee therefore presents a statement prepared by Secretary Gullett in which is indicated three courses of action. Your careful consideration of this statement is recommended for the guidance of next year's Committee. The statement which appears as Appendix B. is suggested as a basis for discussion for the meeting with the chairmen of Provincial Public Relations Committees. It is hoped that at the conclusion of this meeting with the Provincial Chairmen specific recommendation will be forthcoming.

13. In conclusion your retiring Chairman wishes to express his sincere thanks to the members of this Committee and all others who have cooperated in the Committee's activities. The growing interest in Public Relations is indeed

gratifying. The support of the headquarters staff has facilitated the work of the Committee and to them is extended our appreciation and thanks. To next year's Committee may I extend best wishes for success.

14. Recommendations

- I. That the Committee on Publicity for the Annual Meeting consist of a local Chairman with two members of the C.D.A. Public Relations Committee and two members of the Provincial Public Relations Committee.
- II. That letters of appreciation be sent to the Editor, Business Manager, authors of articles, advertisers and publishers respecting the Golden Jubilee Issue of the Journal.
- III. That the preparation of outline subject matter suitable for addresses to lay groups on dental public health and other dental topics be referred to the 1952-53 C.D.A. Public Relations Committee.
- IV. That next year's Committee cooperate in the development of a series of radio broadcasts on dentistry.

Appendix A.

PROCEDURE RE MAGAZINE AND NEWSPAPER ARTICLES

To further the interests of the profession and to ensure accuracy of statements respecting dentistry reaching the public it is highly desirable that a uniform procedure be followed by members of the profession, before allowing material to be released to the public press.

The Public Relations Committee, on behalf of the Canadian Dental Association, will on request, review articles related to dentistry which are in the course of preparation. The following suggestions should assist the dentist to avoid possible embarrassment that would follow the publication of inaccurate statements attributed to the dentist.

Before the interview it is a wise procedure to require a promise from the reporter or writer involved, that he will submit a copy of the article to the dentist before it is published. The reporter or writer should be advised that the dentist intends to submit the material to a Public Relations Committee. It should also be thoroughly understood that the dentist and the Public Relations Committee of the Canadian Dental Association will be accorded power of editing.

Most writers and editors will welcome the opportunity of receiving the endorsement of the Canadian Dental Association before the material is published. Writers and publishers appreciate the value of avoiding the controversies which frequently follow the publication of scientific material. At each regular annual meeting of the Canadian Dental Association, the Public Relations Committee provides a service to the press, to assist them in obtaining accurate statements concerning scientific material presented and if any member of the Association is approached for interview during the period of a meeting it is advisable that he request the assistance of the committee.

STATEMENT ON PUBLIC RELATIONS PROGRAM

It is probably true to say that the Committee on Public Relations has passed the sophomore stage when the members thought they knew something about their subject and now have arrived at the graduation period where they realize how little they know about the whole subject. From a study of public relations efforts in other organizations, institutions and industries it is believed that a great deal could be accomplished to elevate the position of the profession in the eyes of the public. Through numerous conferences and interviews the committee is agreed the following would constitute an ideal public relations program for the C.D.A.

IDEAL PROGRAM

1. Objectives

To create an improved understanding of the aims and objectives of the dental profession by the public at large.

2. Means of Motivation

- (a) Through the various sources of communication to the public.
- (b) Through the office of the practitioner to the public.

3. Methods

- (a) To initiate the program, a thorough survey by a recognized firm of public relation experts conducted without any relationship to organized dentistry. The purpose of this survey is to establish accurate basic data relative to the present opinion of the public toward the dental profession.
- (b) Following the survey the employment of an individual trained in public relations to carry out a program.

4. Administration

For the most part the effort should be on the national level as practically all matters of this nature affect the profession as a whole. However, there are localized situations to be met. To meet the situation the C.D.A. Committee with a committee in each province appears to be a satisfactory arrangement. This should be a two way working arrangement. The C.D.A. Committee should act directly, with expert guidance, upon matters for the good of the whole profession and should make recommendations to the provincial committees for cooperation.

The provincial committees should expect guidance from the C.D.A. Committee in meeting local problems, study the result of C.D.A. actions in their respective provinces and make recommendations for consideration by the C.D.A. Committee.

5. Costs

- (a) Survey costs depend upon the size and type of survey. Personal interviews by skilled operators are best, but most expensive, particularly in a country like Canada. Mailed questionnaires are less expensive, not nearly as good and have to be mailed out in huge quantities in order to insure a sufficient number of returns. *Estimate*—5,000 to 25,000 dollars according to type.
- (b) The survey will be of little value unless use is made of it and the money spent will be wasted unless the facts established are expertly handled. This necessitates the engaging of a public relations expert over a number of years on a whole or part-time basis. *Estimate*—Basic rates for qualified men in this field on a part-time basis appear to be \$10.00 per hour.
- (c) The cost of carrying on a program is not only one of personnel as indicated in (b). All the tools used such as postage, printing, etc., are expensive and would be very difficult to estimate. The setting up of a detailed program would depend largely upon the result of a study of the factual data collected through the survey.

COMMENTS

- 1. From knowledge obtained, organizations, firms, and industries spend enormous amounts on public relations for which they undoubtedly believe returns are apparent.
- 2. In many cases, dentists who speak about public relations are thinking of large costly efforts by others with little thought of the expense involved.
- 3. Three choices of program:
 - (a) Ideal program as stated above or some similar form which appears beyond the financial capacity of the C.D.A. at present.
 - (b) Some part or parts of this program under expert guidance.
 - (c) Carry on alone.
- 4. It should be pointed out that any intensification of effort in this direction is likely to receive criticism from the membership.
- 5. Public relations is a long term effort and it is difficult to assess value at any time, e.g., members will likely say a lot of money is being spent with nothing to show for it. No one can tell what the condition might have been without any effort, so little by way of assessment can ever be made.
- 6. Some members will resent effort as being unprofessional, others will say that bringing adverse points out is only "fouling our own nest".
- 7. In the opinion of the committee a strong Public Relations program would receive the spiritual support of the great majority of Canadian dentists but extreme care would have to be exercised in the selection of media in carrying out a program.

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Public Relations Program of Canadian Professional Association

This Association has had a public relations program in operation for two years by which a retainer fee is paid to a public relations firm. This fee is \$330.00 per month for 33 hours' work each month. One individual of the firm is delegated to do work for the Association. Difficulty has been experienced in indoctrinating this individual into medical thinking and has taken a great deal of time.

Activities

- (a) FOR MEMBERS — (1) A Pamphlet "On Call" mailed directly to membership which aims to improve public relations in the office of the practitioner. Beginning this year the pamphlet has been changed to a column in the journal.
(2) The provision of subject matter for addresses to service clubs, etc.
- (b) FOR APPROACH TO PUBLIC Press clipping service from which suitable releases are built up presenting non-argumentative facts and studiously avoiding creating argument.
- (c) Recently this Association has requested provinces to appoint Public Relations Committees and are attempting to make use of them, but have not established a basis of cooperation yet.

Costs

Initially a budget of \$10,000. was set up for a Public Relations program but before it began the executive cut it to \$7,500., on which it has operated.

Comment by Association Secretary

No doubt many of their members think and say a lot of money is being spent and nothing accomplished. He thinks something has been accomplished but could not prove it to anyone.

Appendix C.

C.D.A. PUBLIC RELATIONS COMMITTEE QUESTIONNAIRE

1. What activities has the Public Relations Committee of your Province planned or completed since Sept. 15, 1951?

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2. What developments in the Department of Health of your Province affected dentistry since Sept. 15, 1951?
3. Has a counsellor or consultant service been organized by the dental profession of your Province with whom, officials, school principals, teachers, parents or students may confer concerning dentistry as a career?
4. Have any incidents or trends unfavourable to the dental profession developed in your province which might be counteracted by Public Relations effort?
5. Have any of the following media contributed to the advancement of dentistry in your province since Sept. 15, 1951?

Date

Place

- (a) Radio Broadcast
- (b) Newspaper Articles
- (c) Other

6. Have you any suggestions for the C.D.A. Public Relations Committee?

Public Relations Committee Questionnaire

I. Public Relations Activities

Newfoundland	No comment as of May 26th	
Prince Edward Island	Not very active.	
Nova Scotia	No comment as of May 26th.	
New Brunswick	Plans discussed for a series of broadcasts which it is hoped will be fruitful.	
Québec	No comment as of May 26th.	
Ontario	Seminars in dental public health proposed by O.D.A. and work is proceeding. Booklet.	
Manitoba	No comment as of May 26th.	
Saskatchewan	None.	
Alberta	Career talks on dentistry given to high school students and parent-teacher associations. All dental news to press channelled through public relations committee.	

British Columbia	In Feb./52 space was taken in the daily papers of Vancouver, Victoria, New Westminster, and Nanaimo to publish a statement, in reply to an attack by the bootleg laboratories. In March, a brief was prepared for presentation to the Vancouver city council, in connection with fluoridation of the communal water supplies. The resulting publicity in the local papers was very favourable. In both these efforts, the services of a publicity firm were utilized, and the cost was slightly over two thousand dollars.
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2. Developments in Depts. of Health

No comment as of May 26th.
Dental Public Health program is proceeding favourably under Director of Dental Services, Department of Health.
No comment as of May 26th.
Division of Dentistry, Dept. of Health has been active in educational lines.
No comment as of May 26th.
Health Units. Fluoridation.
No comment as of May 26th.
Consultations re fluoridation.
Dept. of Health has approved Alberta dental hygienists by-laws and are prepared to pay bursaries to these students to assist in their education as hygienists.
The Provincial Dept. of Health and Welfare, through its Div. of Prev. Dent., has been very active in developing a program for pre-school children and children in grades 1 and 2. There are 8 full-time dentists employed by the Dept., and several men in general practice are doing part-time work.

Public Relations Committee Questionnaire

3. Vocational Guidance

4. Unfavourable Trends

Newfoundland	No comment as of May 26th.	No comment as of May 26th.
Prince Edward Island	None.	None.
Nova Scotia	No comment as of May 26th.	No comment as of May 26th.
New Brunswick	Consultant service has been discussed by Council but no appointments made. Stand ready to assist as occasion demands.	Illegal practice of dentistry.
Québec	No comment as of May 26th.	No comment as of May 26th.
Ontario	Dental Alumni Association active along with R.C.D.S. Board Members and in co-operation with C.D.A. are producing a manual and filmstrip to be used in vocational guidance.	Ont. Lab. Association is cooperating with R.C.D.S. Board in attempting to raise the level of ethics of Labs and to try and curb illegal practice.
Manitoba	No comment as of May 26th.	No comment as of May 26th.
Saskatchewan	None.	None known of.
Alberta	Career talks on dentistry given to high school students and parent-teacher associations.	Illegal practice by dental mechanics might be curtailed by a public relations group. Prosecution does not seem to do so.
British Columbia	None.	1. In the Prov. Legislature, one member referred to dentists as "racketeers". No one replied. 2. Successful prosecution of several laboratories in the court resulted in considerable unfavourable publicity in the press.

Public Relations Committee Questionnaire
5. Contributions to the Advancement of Dentistry

	Radio	Newspaper	Other
Newfoundland	No comment as of May 26.	No comment as of May 26.	No comment as of May 26.
Prince Edward Island	None.	None.	None.
Nova Scotia	No comment as of May 26.	No comment as of May 26.	No comment as of May 26.
New Brunswick	Broadcast series to start soon.	None.	None.
Québec	No comment as of May 26.	No comment as of May 26.	No comment as of May 26.
Ontario	None.	Editorial on fluoridation in U. of T. Alumni Bulletin.	None.
Manitoba	No comment as of May 26.	No comment as of May 26.	No comment as of May 26.
Saskatchewan	None reported.	None reported.	None reported.
Alberta	None.	Information on fluoridation in several country newspapers recently.	None.
British Columbia	No.	No.	Editorial in "Sun", Mar. 19, gave very favourable comment on efforts of Vancouver dentists in connection with fluoridation.

6. Other Suggestions

Newfoundland	No comment as of May 26th.
Prince Edward Island	None.
Nova Scotia	No comment as of May 26th.
New Brunswick	Feel that general membership of C.D.A. not fully aware of what public relations means to our organization and to achieve results it must be first explained to them and demonstrated as to what may be expected with a well-functioning public relations committee. Might be accomplished by letters or series of well-advertised articles in Journal. Speaker on public relations at provincial meetings might arouse interest.
Québec	No comment as of May 26th.
Ontario	Define meaning and purpose of public relations.
Manitoba	No comment as of May 26th.
Saskatchewan	None.
Alberta	Contact Dept. of Indian Affairs and try to persuade them to respect the provincial dental acts. They are employing unlicensed foreign dentists for the Department's wards.
British Columbia	None at present.

Appendix D.

TOUR BY PRESIDENT AND SECRETARY

Suggested Plan for Publicity

1. (a) Write Chairman Provincial Public Relations Committee suggesting that he contact Secretary of Local Dental Society at least two weeks in advance of arrival of President and Secretary to arrange for press interview.
- (b) Notification to deans two weeks in advance of visit.
2. Upon arrival Secretary contact editor of newspaper.
3. Arrange suitable time with editor for press interview.
4. At interview distribute news releases.
5. Request prepared statement by President.

6. Suggested News Releases

- (a) Biography — President — photographs to be available — Secretary if requested.
- (b) Prepared Statement by President of C.D.A.
- (c) Prepared Statement by Secretary of C.D.A.
- (d) Prepared Statement by President of Dental Society.
- (e) Dental Health messages prepared by Dental Public Health Committee.
- (f) Brief History of Dentistry in Canada — Public Relations Committee.

Appendix E.

**SOME OF THE ACTIVITIES OF THE DENTAL HEALTH
DIVISION, DEPARTMENT OF NATIONAL HEALTH
AND WELFARE, DURING THE LAST YEAR**

1. To meet by treatment alone the burden of tooth decay, periodontal disease and malocclusion in Canada, is far beyond the capacity of the dental profession. But the solution to the problem does not lie so much in expanding the dental profession as it does in reducing the incidence of disease and malocclusion by the use of preventive methods. There is sound reason to believe that, with the effective exercise of our present knowledge, and the cooperation of an informed public, well over half of the burden could be inexpensively prevented. Then, with a small expansion of the dental profession aided by an adequate supply of dental hygienists, the balance could be handled by initiating early, regular, systematic treatment of children, beginning with the pre-school child.

2. Therefore, the efforts of this division have been directed to research in the preventive field, health education, and the development of properly organ-

ized, early treatment programs for children. In addition to this work, and in some instances in relation to it, other services have been provided for most of the other divisions in the Department as well as for provincial departments of health and for the Canadian Dental Association.

3. The Brantford-Sarnia-Stratford Water Fluoridation Caries Study was continued during the year with the examination of 1400 children at Stratford, Ontario. The Department's first report on this study, covering 1800 children at Brantford and 1800 at Sarnia, was issued in September 1951 and amended in January 1952 by the addition of data relating to 1400 Stratford children who had been examined during October and November 1951. Both reports were reproduced by the Journal of the Canadian Dental Association and have received much favourable comment. The findings indicated that the caries incidence had worsened slightly between 1948-51 in both the Sarnia and the Stratford control groups of children and that an appreciable decrease in caries incidence had occurred in all ages of the test group at Brantford, where 1 PPM of fluorine in the form of sodium fluoride, has been added to the water since June, 1945. The columnar diagram following shows a comparison of the data for all three places for 1948 and 1951. The full report is available from the Dental Health Division.

4. The relationship between the presence of fluorine in a water supply and its presence in tooth tissues is being investigated. Extracted teeth are obtained annually in all three cities. These are analysed by the Food Chemistry Department of the University of Toronto under the supervision of Dr. Doreen Smith.

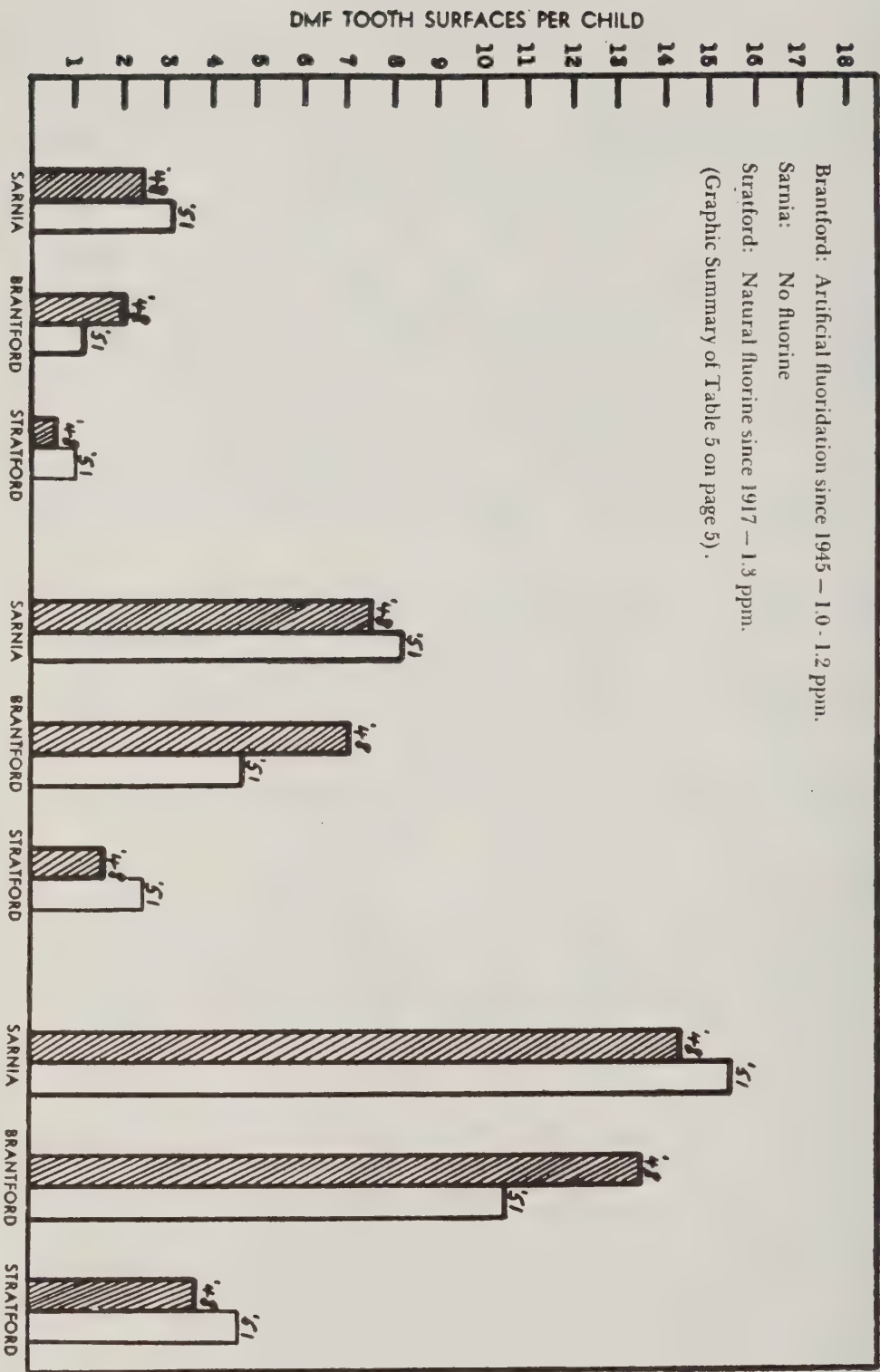
5. During the year many communities became interested in water fluoridation and we were called upon to answer a large number of questions and to address many interested organizations. In order to meet such demands, the Division has equipped itself with sets of statistical projector slides and coloured slide pictures of dental fluorosis, etc., taken by our survey team.

6. To meet the needs of public health officials planning water fluoridation on the basis of the present evidence, for a knowledge of reliable means to ascertain its dental effects, an outline of recommended procedure has been prepared. This outline includes standardized methods of recording caries experience, standardized examining methods and essential statistical procedure. The aim is to provide health officials with a reliable basis for reports, to facilitate obtaining additional information concerning dental effects of fluoridation, and to make possible a comparison of data between fluoridating communities in different parts of Canada. The subject has been discussed with provincial directors of dental services and it is believed that our recommendations have general acceptance, at least in principle.

7. In conjunction with the water fluoridation caries study, and using the same samples of children a study was made of the public health application of a new method of measuring quantitatively the prevalence of gingivitis in a population group. This method devised by the University of Illinois and called the P-M-A Index, provides a quick method of recording information

PERMANENT TOOTH CARIES EXPERIENCE BRANTFORD, SARNIA AND STRATFORD 1948 AND 1951

Brantford: Artificial fluoridation since 1945 — 1.0 - 1.2 ppm.
Sarnia: No fluorine
Stratford: Natural fluorine since 1917 — 1.3 ppm.
(Graphic Summary of Table 5 on page 5).



relating to three segments of gum tissue adjacent to each tooth, i.e., the interdental papilla, the marginal gingiva and the attached gingiva. It gives promise of having a broad usefulness where it is desired to obtain reliable information concerning gingivitis resulting either from local or systemic conditions affecting population groups.

8. Assistance in making the P-M-A Index Study was given by the Ontario Department of Health. The Director of Dental Services for Ontario, Dr. F. A. Kohli, accompanied our survey team and did all the examinations of gingival tissue. Dr. John Macdonald, Bacteriologist and Periodontist at the University of Toronto, was retained in a consultant capacity.

9. The statistical work in connection with both the caries study and the P-M-A Index Study was supervised by the Research Division of D. N. H. and W. and much help was received from the Nutrition Division of D. N. H. and W. The work of the survey team in the field was observed and aided by Miss Barbara Stewart, Statistician from the Research Division.

10. The Pilot Model of a Dental Preventive Service set up last year was continued throughout the year. The purpose of this project was primarily to develop and evaluate a purely preventive dental service in relation to a general health service such as that provided by the Civil Service Health Division of D. N. H. and W. In addition, it was desired to ascertain the value of dental hygienists in such a service when the group being served is large enough to require additional staff. We lost our dental hygienist to the University of Toronto in September and since that time Dr. H. R. McLaren has carried on the service alone. However, we had the satisfaction of assisting the University of Toronto to initiate the first school for dental hygienists in Canada by providing a very competent director in the person of Miss Andree Hebert. The request for dental preventive service from the limited group served by the Pilot Model has increased appreciably towards the end of the year.

11. A dentist and a dental nurse assisted the Nutrition Division on a survey of a sample of 1,000 Indian children located at various points across Canada and also on a survey of school children at St. Vital, Manitoba. This provides us with an opportunity to obtain data on dental health conditions in different segments of the Canadian population.

12. The demand for the dental health information materials produced by this division in cooperation with the Information Services Division reached an all-time high during the year. The entire stock of some of our publications, although large, was completely exhausted long before the end of the year, with the demand from the provinces still being pressed. Our Dental Health Manual produced for the use of teachers and others engaged in teaching dental health has proved very popular. One provincial department of education has endorsed it for the use of teachers, and one medical school has requested sufficient copies for its graduating class. We have had very favourable comment on it from dental schools and from public health dentists.

13. Scientific dental health exhibits are now routinely requested from us for

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all major dental conventions in Canada and we have advance requests two years ahead. These exhibits are always accompanied by a health information officer from the Information Services Division of D. N. H. and W., and a dentist from this division. In most cases this team appears on the general program of the convention dealing with dental health subjects. This year a request was received from the Canadian Dental Association and the International Dental Association to exhibit our materials at an International Dental Congress in London, England. The Canadian Dental Association has offered to have its representatives supervise and demonstrate our exhibits and other health education materials.

14. While our publications, reports, exhibits and posters have been much more widely used than our films and filmstrips, these too have come in for considerable favourable comment and use. One film, after receiving an international award at a film showing in Venice, was purchased by the Film Library of the Encyclopaedia Britannica. It was shown recently among a small group of selected films at one of the major American dental meetings. One of our filmstrips is now listed by the American Association for Visual Education.

15. In addition to the cooperative relationships referred to above, consultant services were provided to other divisions in the Department in matter related to the practice of dentistry and to dental public health in general. These services may be summarized as follows:

- (1) To the Food and Drug Divisions, D. N. H. and W., in connection with the formulae of dental drugs and dentifrices.
- (2) To the Patent or Proprietary Medicines Division, D. N. H. and W., in connection with applications to market dental remedies under the provisions of the Patent or Proprietary Medicines Act.
- (3) To the Mental Health Division, D. N. H. and W., mutual aid in the preparation of health education publications.
- (4) To the Division of Child and Maternal Health, D. N. H. and W., mutual aid in the preparation of publications.
- (5) To the Directorate of Indian Health Services, D. N. H. and W., advice regarding the most effective policies to pursue in rendering dental health services to Indians. Visits to Indian Health Services dentists.
- (6) To the Directorate of Health Insurance Studies, D. N. H. and W., advice on problems entering into a consideration of health insurance in relation to dental disease. Examination of dental projects submitted by the provinces under the Federal Health Grants.
- (7) To the Division of Public Health Engineering, D. N. H. and W., exchange of information on the various implications of adding fluorides to public water supplies to prevent dental caries.
- (8) To the Division of Narcotic Control to D. N. H. and W.

16. Cooperation with provincial Departments of health in the development

of sound dental projects under the Federal Grants has required considerable of the time and attention of the Division. The following is a brief outline of the dental projects in the various provinces to which support is contributed through Federal Grants:

(a) British Columbia

- (1) Support to the Division of Preventive Dentistry, including salary of the Director.
- (2) Post graduate training of a dentist in public health dentistry at the School of Public Health, Ann Arbor, Michigan.
- (3) Support to seven health unit projects in which a dentist and assistant conduct a treatment and health education service for pre-school and early grade school children. A special type of transportable equipment moved by suburban wagon is used in this work.
- (4) Support to fifteen dental clinics operated part-time by private dentists and serving children in rural areas.
- (5) Grants were also approved to provide grants-in-aids as an inducement to dentists to open offices in rural communities. Also, grants were approved to assist rural communities to equip dental clinics.
- (6) Assistance to the Metropolitan Health Committee, Greater Vancouver, to increase their dental hygiene program by the employment of two dentists and two dental assistants for the establishment of two dental clinics, one in Vancouver, the other at Richmond.

(b) Alberta

- (1) Professional training grants were provided to assist in the training of two dental hygienists.
- (2) Assistance to the City of Calgary for the employment of four dentists and a dental hygienist for the treatment of school children.

(c) Saskatchewan

- (1) Support to the Dental Division, including the salary of the Director and that of his assistant and a stenographer.
- (2) Support for treatment programs for children in four rural health regions.
- (3) Training of four dental hygienists who will be employed in the Dental Division of the Provincial Department of Health as dental health educators and in regional dental programs for children, as auxiliary dental service personnel.
- (4) Support for the City of Saskatoon in the employment of a part-time dentist to provide a wider dental service for pre-school children.

(d) Manitoba

- (1) Equipment and staff for a mobile clinic serving children in rural areas.

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- (2) Equipment for a clinic designed to serve school children (East Kildonan).
- (3) A survey of dental conditions in the City of Winnipeg.
- (4) Assistance in the employment of a full-time dentist to serve Selkirk Mental Hospital and the Manitoba School for Mental Defectives at Portage la Prairie.

(e) **Ontario**

- (1) An orthodontic clinic for children in the City of Toronto.
- (2) Support for a dental health education and counselling service in six local health units. In each unit a public health qualified dentist carries out these services.
- (3) Help to equip and staff a travelling railway coach dental clinic, for the treatment of children in isolated areas.
- (4) Assistance for a statistical study on tooth decay being carried out at the University of Toronto.
- (5) Assistance for a cleft palate study being carried out at the Faculty of Dentistry, University of Toronto.
- (6) Assistance for a study of the use of sodium fluoride in caries control, being carried out at the University of Toronto.

(f) **Québec**

- (1) Extension of services at the Speech Therapy Clinic, Royal Victoria Hospital, Montreal, by the employment of a part-time dentist and the provision of supplies and equipment.
- (2) Training of a dentist in public health.
- (3) Employment of a part-time dentist and provision of supplies and equipment for l'Hopital de Roberval.
- (4) Provision of dental equipment for the Verdun Protestant Hospital at Verdun, Québec.
- (5) Employment of a part-time dentist and dental technician at the Institut Medico-Pedagogique, Mont Providence.
- (6) Part-time dentist for Sanatorium Cooke, Three Rivers.
- (7) Employment of a part-time dentist for Ross Sanatorium at Gaspé.
- (8) Employment of a dentist and provision of equipment at Begin Sanatorium, Dorchester.
- (9) Employment of a part-time dentist and provision of supplies for Ste. Jean Sanatorium, Macamic.
- (10) Part-time dentist and supplies and equipment for the St. Georges Sanatorium, Mont Joli.
- (11) Employment of a part-time dentist for the Sherbrooke City Health Unit.
- (12) Two part-time dentists and one part-time dental technician for the Jacques Cartier Health Unit.

(g) New Brunswick

- (1) Assistance for the Dental Division including the salary of the Director and his stenographer and supplies and equipment.
- (2) Materials and equipment for dental clinic for children at St. John.
- (3) Professional training for a dental hygienist who is being prepared to serve in a preventive program for children.
- (4) Assistance in providing a dentist for the staff of the Provincial Mental Hospital at Fairville.

(h) Nova Scotia

- (1) Assistance to the Dental Division including the salary of the Director.
- (2) Training of a dentist in public health at the University of Toronto.
- (3) Assistance for three mobile dental units which provide treatment for children in rural areas.
- (4) Dental supplies and equipment for three tuberculosis institutions: the Nova Scotia Sanatorium, Kentville, Roseway Hospital, Shelburne, and Point Edward Hospital.

(i) Prince Edward Island

- (1) Assistance to the Dental Division including the salary of the Director, his assistant and three dental hygienists.
- (2) Training of three dental hygienists at Forsyth College, Boston, Mass.
- (3) Assistance in the employment of a dentist and his assistant for the designed to serve children in rural areas.

(j) Newfoundland

- (1) Staff and supplies for a new public health dental clinic at St. John's Hospital. This clinic is designed to serve children.
- (2) An experimental dental health service for children in the St. Barb district. This clinic travels by boat and visits a number of points.
- (3) Assistance in purchasing, staffing and equipping a mobile clinic Hospital for Mental and Nervous Diseases at St. John's.

17. The Division aims at a close working relationship with its counterpart in each provincial department of health. The dental health program of every province which has a clearly defined program, is discussed with its dental health division with a view to correlating and supplementing the efforts of all the provinces. Eight, out of the ten provinces, now have active dental health divisions operating under the direction of a dentist with a public health degree. Five of these have been created during the last three years, with the help of Federal Health Grants.

18. Close liaison is maintained with the Canadian dental profession. The Chief of the Division sits in an advisory capacity at the annual business meetings of the Canadian Dental Association and is invited to be present in a similar capacity at the regular meeting of its Health Insurance Studies Committee

PUBLIC RELATIONS

and its Public Health and Industrial Dental Committees. Close working relationship with its Research Committee is also maintained in order that advice given the Department in relation to remedies used in dental practice may be kept in harmony with currently accepted dental practice. In addition, the Chief of the Division sits as an ex officio member of the Associate Committee on Dental Research of the National Research Council.

19. All the relationships of this division, whether they be with other divisions of the Department, with provincial departments of health, dental professional bodies, research groups, or universities, are conducted for the purpose of contributing to the improvement of general health by the prevention and early treatment of tooth decay, periodontal disease, and malocclusion.

COMMENT AND ACTION

1. Noted as information.
2. (a) We commend most highly all those responsible for the production of this excellent and historic volume of our Journal.
(b) — FIRST SENTENCE: Commend. We feel that the visit of Dr. Jay is a very constructive move and recommend that similar arrangements be made at future meetings and that invitations be extended to representative citizens to attend as has been done here in Vancouver.
— We heartily endorse the recommendation that this be a pattern for future conventions.
— Commend.
(c) We hope that the other three provinces may appoint Public Relations Committees at the earliest possible moment. We are of the opinion that this is of considerable urgency.
3. Commend.
4. We heartily commend the efforts of those in charge of the special train. Arrangements were perfect but the trip was too short.
5. We commend the Public Relations Committee for its efforts. Concur in recommendation.
6. Agreed.
7. Commend.
8. (a) Agreed.
(b) We agree but wish to point out that the annual publication "Health Facts" of the Health League of Canada does not have any reference to Dental Health.
(c) (i) & (ii) Commend.
(iii) Commend.
(iv) Commend.

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(v) Agreed.

(vi) Agreed.

(vii) Agreed.

(d) Agree and commend the effort that is commencing to bear fruit.

(e) We note and approve and hope that financial aid for such services as stated in (I) (d) may be made available at the earliest practical opportunity.

9. We heartily commend and express appreciation for these timely contributions to the work of the C.D.A. in Vocational Guidance.

10. Agreed also Appendix D.

11. Agree and heartily commend the Committee on Ethics for an outstanding and timely effort.

12. Agreed.

13. Agreed.

14. I. to IV. Agreed.

APPROVED

ARTICLES ON DENTISTRY IN CANADIAN PERIODICALS

Following is a list of articles brought to the attention of the Public Relations Committee during the 1951-52 season's activity

Name of Article	Author	Publication	Date
1. "Public Health is People"	Dr. G. E. Hall	Health Journal C.D.A.	July-Aug. '51 Sept. '51
2. "So you're on Holiday"	Dr. Glen Mitton	Health	July-Aug. '51
3. Health Insurance		MacLean's	July 15, '51
4. "Look! No Cavities"	Helen Sanders	Montreal Standard	July 14, '51
5. "Open Wide and Smile!"	Henry Provisor	New Liberty	Aug. '51
6. "Parents! Your Children's Dental Health Depends On You"	Dr. Marjory Jackson	Farmer's	Sept. '51
7. "C.N.R. Dental Care for Ontario Children"		Canadian Transportation	Sept. '51
8. "Put Your Jaws To Work"	William Krehm	Toronto Star Weekly	Sept. 8, '51
9. "There Are Better Things Than Sugar To Chew On"	Dr. G. Nikiforuk	Health	Sept.-Oct. '51
10. "Good Food For Everybody"	Interdepartmental Nutritional Com.	Booklet	
11. "How To Keep From Getting False Teeth"	Dr. Gustave Rapp	Better Homes and Gardens	Nov. '51

12. "Newfoundland Needs Dentists"	Frances Shelley Weese	Saturday Night	Nov. 3, '51
13. "Dentures Without Dread"	Peggy Benjamin	Canadian Home Journal	Nov. '51
14. "But They Are Only Baby Teeth"	Dr.W. J. Dunn	Health	Nov.-Dec. '51
15. "Facts and Fantasies About Your Teeth"		Today's Woman	Dec. '51
16. "If You Want To Have Healthy Teeth"	J. D. Radcliff	Reader's Digest	Jan. '51
17. "How the Greig Family Put Their Pop Through Dentistry"	John Clare	MacLean's	Jan. 15, '52
18. "Keep Your Lips Closed"	Dr. W. K. Shultis	Health	Jan.-Feb. '52
19. "Design For A New Dental Research Centre"	Helen Anderson Wood	U. of T. Alumni Bulletin	
20. "Orthodontics"	Isabel Johns	Toronto Star Weekly	Mar. 4, '52
21. "Fluoridation"		Financial Post	Mar. 14, '52
22. "The Wearin' O' the Green"	Dr. H. Shirley Dwyer	Health	Mar.-Apr. '52
23. "The Magic of Fluorine"	J. C. Furnas	Parents	May '52

AUXILIARY SERVICES

MEMBERS OF AUXILIARY SERVICES COMMITTEE: R. A. ROONEY, Chairman, Edmonton, Alta.;
H. R. MacLEAN, Edmonton, Alta.; A. M. REVELL, Edmonton, Alta.

REPORT

1. In making any such report there is bound to be considerable over-lapping as between the fields of the various committees, in the case of this committee, with the Health Insurance and the Legislation Committees.
2. There is no need to comment on the New Zealand Dental Nurses situation, since this was amply covered in the report of the Health Insurance Committee last year, except for the implications involved in a somewhat similar arrangement proposed in a bill now before parliament in Britain for the training of women for children's treatment. There is no word yet as to whether this will be accepted by parliament but since it is a government measure and opposition to health measures is a sticky political problem, there seems little doubt that it will become law perhaps with some modification of certain features. Under this arrangement, young women will be trained to render most operative services in children's clinics of various types to be established by government authority. Their training will be given in existing dental schools and they must operate under supervision of a qualified dentist. There is no provision for their use in private practice. The dangers in such a procedure are quite obvious and probably would, along with the New Zealand plan, establish precedence to be seized upon by a political party in any country as an appealing political advantage. Past experience has proven that if such a problem is to be effectively dealt with, it is of great advantage to have studied it carefully without publicity before the necessity for definite action arises. An unfortunate feature of this proposal is that it is incorporated in a Bill making dentistry autonomous under a General Dental Council rather than subsidiary of the General Medical Council, dominated completely by medicine. The British Dental Association must be careful in criticism of any section for fear of having the whole Bill thrown out. The government's purpose in this section appears to be an attempt to meet the demand of its health insurance scheme. The laboratory organizations have seized on the needs created by this to press their claims for the right to work directly for and on the public on the basis of equal but cheaper service. So far, the authorities have turned a deaf ear to their proposals.
3. The many European dentists with questionable degrees of training wandering from province to province in this country, constitute a danger. They are unable to establish practices. They stir up public opinion and public sympathy, claiming they are being debarred from making a living. The public are not aware that the training of these individuals is entirely inadequate, and in most cases, far below the standards for practising dentistry in Canada. Even amongst some government circles there appears to be an inclination to

use them in institutional work. The Federal Department of Indian Affairs has always been a law unto itself and at the present time a considerable number of these individuals are operating in institutions for Indians and Eskimoes across the country with the approval and, in fact, outspoken support of the medical officers in these schools and hospitals. If any question is raised about the legality of such condition these officials say that they are not operating as dentists but merely as assistants. It is difficult to prove otherwise even though it may be known. We know that the C.D.A. as well as the provincial dental legal authorities have made efforts to have these practices stopped, on various occasions, without much success, due to the lack of cooperation on the part of hospital authorities. Your Committee suggests that further efforts be made to have the situation cleared up.

4. The problem of illegal practices by dental mechanics has been brought very much to the fore during the past year in British Columbia. These mechanics made an all-out effort to obtain legislation permitting them to work directly for the public. This intention was thoroughly publicized with newspaper articles and advertisements and opposed in a like manner by the College of Dental Surgeons of British Columbia. They based their application on the situation which has existed in Alberta for quite a few years and which has been reported in detail in previous reports of our Committee. The College took the stand that it had to meet fire with fire by the same means of publicity. Whether this was wise or not or whether the proper approach was taken by the College can't be assessed from this distance but the whole situation indicates again the dangers of precedent. Fortunately, the College in B.C. was able to impress the government with the dangers of such an arrangement and consequently no legislation developed. It must be noted though that there is considerable misinformed public support for these persons, principally on the grounds that they offer an equivalent service for less money. Perhaps the public relations of the profession are not good enough and perhaps some effective means of educating the public to the dangers of unqualified practice will have to be developed. Study on this problem is urged by your Committee.

5. As stated in our reports on previous occasions, the profession can not hold itself blameless for the increase in illegal practice by mechanics. In the first place, the trade was developed to assist us in giving better service. Properly controlled it is a tremendous asset to office practice but the legitimate laboratory operators complain that dentists are helping to keep illegal labs in existence. Because these individuals work directly for the public whenever they believe it safe to do so and because they have not the technical training of qualified technicians, they can quote a lower fee for laboratory work than properly trained men. The latter contend that a considerable proportion of the profession will shop around to see where they can have their denture lab work done cheaper and thus help to carry the illegal laboratories along financially. The dentist should consider that while he may save a few dollars per case by patronizing such individuals for processing techniques, he may lose several denture cases to boot-leg operators. Can he believe that he is saving

AUXILIARY SERVICES

money? Your Committee holds a very strong opinion that legal provincial organizations whose responsibility it is to control such activities should make a thorough effort to inform their members that they must do some individual house cleaning before complaining too much about illegal laboratories. The same problem seems to crop up in every part of the country. When the legitimate laboratories raise their prices to meet increasing costs, they claim that some of their dentist clients immediately complain and begin looking for another lab forgetting that the remedy is in their own hands: higher fees.

6. The status of hygienists does not appear to have changed during the past year in any province except Alberta, which can always be trusted, so far as the government is concerned, to come up with some new quirk. Last year the Alberta Board presented a set of by-laws to the government for the establishment and control of hygienists. These were approved and became effective last November. Following this, the Board's solicitor pointed out that while the by-laws did set out what hygienists might and might not do, the section in the Dental Association Act didn't give authority for adequate control or discipline and suggested a change in the wording of this particular clause, to make the by-laws intra-vires of the Act. Later, the representatives of the Board were asked to meet the Minister who stated that the proposed amendment was not acceptable to the government and that, in fact, the Executive Council intended to rescind its approval of the by-laws regulating hygienists. The reason given for such action was that in the opinion of the government no group or calling should have control of any other group of workers. It may be said, that this opinion has been expressed by the government on a number of occasions. What may happen when or if these regulations are repealed is anybody's guess but there is a flicker of intimation that the Department of Health is considering the establishment of hygienists on a self-controlled operative basis in the various health units in the province. At the last session of the legislature an amendment to the Health Unit Act was approved, authorizing the employment of, "the following staff or any of them, for the purpose of providing dental treatment for children of 16 years and under, the Board may employ (a) a full or part time dentist, (b) a full or part time dental assistant." It could be inferred that it would be only a step from there to setting up something along the lines of the New Zealand dental nurse plan. Health authorities contend that they can't get enough dentists for children's service. Parents complain that dentists will not accept child patients. Health authorities are in agreement that children's dentistry is the really important field and the public is becoming more dental health conscious all the time yet, we, as a profession, are not doing our job adequately in this respect. Enough pressure and the government may force the issue to any necessary extent. Some constructive thinking is necessary and the profession must develop some plan to meet the problem or some planning may be done for us, not to our liking.

7. In the United States, there is a considerable division of opinion as to whether licensure and (or) registration of dental laboratories is desirable but the official attitude of the American Dental Association is opposed to the principle in that it would give a recognized legal status to a group with no

standards of education or training and that the end result would be efforts to obtain further concessions and privileges. One brief presented to the Council on Dental Trades and Laboratory Relations of the American Dental Association expressed an opinion as follows, which may be taken as summing up the attitude of organized dentistry in the States. "Ostensibly, the purpose is to prevent the illegal practice of dentistry by laboratories and technicians. Actually, the aim is to obtain some form of professional recognition, in common with other professions, particularly the dental profession. We cannot too strongly emphasize the fact that the laboratories and technicians are a business and a craft, and by no stretch of the imagination can anyone adduce logical proof that they are qualified for licensure or registration in a state department of education, which privilege is limited exclusively to the professions. Registration or licensure of laboratories and technicians by State Boards of Dental Examiners would be regarded by the craft as a grant of partial, or semi-professional status. Once they are so certified, they would not be contented for long to remain in an abridged status. Soon, the legislative mill would be invoked and set in motion, and the next step would be to propose new amendments to existing laboratory legislation, with the aim to gain further privileges, and ultimately, full professional status."

8. Instead of registration of laboratories, quite a number of states have adopted the principle of accreditation, that is, following an examination and inspection, the state legal dental body certifies that the accredited lab has properly trained personnel and operates in an ethical manner. This system appears to work satisfactorily.

9. Your Committee suggests that it would be wise for the Association to study the accreditation system in effect in some of the States with a view to possible adoption, if thought desirable, in Canada and we would be glad to make this examination if so directed.

COMMENT

1. Agreed.
2. The Committee is to be commended for a brief outline of the Auxiliary Services problem in England.
3. Agreed.
4. Agreed.
5. Agreed.
6. We strongly endorse the opinion expressed on the problem of treatment (or lack of treatment) for children.
7. to 9. Agreed.

We commend the Committee on their exhaustive study of these actual and potential problems which face the profession, and suggest their continued examination.

APPROVED

WAR MEMORIAL

MEMBERS OF WAR MEMORIAL COMMITTEE: J. ARMAND FORTIER, Chairman, Montreal, P.Q.; W. F. WALFORD, Montreal, P.Q.; PAUL GEOFFRION, Montreal, P.Q.; A. M. HORD, Toronto, Ont.; M. H. GARVIN, Winnipeg, Man.

REPORT

1. The Committee is pleased to report that the hope expressed in last year's report has materialized. Submissions have been received from all dental faculties and we have reason to believe this practice will be continued in the future.
2. The task of this Committee is complicated by the fact that its main functions are dependent on the reception of the essays from different faculty councils, which are forwarded well toward the end of the academic year. These submissions must then be deprived of all identification, sent to three judges, sometimes in different cities, and their marks tabulated.
3. The conclusions of this report are contingent upon the judges' remarks, and this Committee cannot anticipate them. All of which is submitted to explain the lateness of submission of this report.
4. At the risk of repeating a paragraph of last year's report, the Committee quotes its judges on the value of the essays submitted:
"The caliber of the essays submitted were of such a high quality that it is extremely difficult to select one above the other",
and again:
"I have found the evaluation of these essays the most difficult task that I have undertaken for a long time, due to the intangible nature of the topic and the many subjective factors involved."
5. The Committee wishes therefore to express to the judges: Dr. J. H. Johnson, of Toronto, Dr. P. J. Gitnick, and Dr. G. de Montigny of Montreal, its appreciation and thanks for their conscientious efforts.
6. The final results are:
1st prize: Jean Rives, University of Montreal.
2nd prize: Walter W. Pressey, University of Toronto.
7. The essay topic chosen for the 1952-53 competition is the following:
"Preventive dentistry for children and its relationship to diet."
This subject is sure to give rise to many interpretations.
8. This Committee does not suggest any modification to the rules under which the competition is held at this time.
9. It does, however, seek guidance on ways and means of increasing the amount of the prizes, or the number of prizes to be granted. Some pharmaceutical firms have been approached with this end in view, but no definite result has been attained so far. Those firms would be interested in attaching their name to such a prize, and the prize would have to be a yearly gift, not the interest accrued on a given capital, as is the case of the present prizes.

COMMENT AND ACTION

1. We are very pleased that theses are now being received from all Canadian dental faculties.
2. & 3. We appreciate the difficulties involved in judging the theses but feel that the most satisfactory method is being employed.
4. We congratulate the War Memorial Committee on the maintenance of such a high literary standard.
5. Endorsed most heartily.
6. We are informed that the decision of the judges was unanimous. We recommend that a letter of congratulation be sent to the winners by the C.D.A.
7. & 8. No comment.
9. We recommend:
 - (a) that the War Memorial Scholarship in its entirety remains a C.D.A. award.
 - (b) that no change be made in the number or amount of prize money.
 - (c) that consideration be given by the Executive to some tangible recognition for the winners.

We commend the War Memorial Committee for the fine work achieved.

APPROVED



STATEMENT BY DENTAL COUNCIL OF CANADA

The Dental Council of Canada was in session in Vancouver at the same time as the Board of Governors. During the meeting all members of the Dental Council of Canada attended a session of the Board of Governors when the said body presented the following statement.

STATEMENT OF POLICY

**As submitted by The Dental Council of Canada
to the Board of Governors, Canadian Dental Association**

1. For almost 50 years the Executive of the Dental Council of Canada has faithfully served the Profession. It has blazed the way and helped to maintain high professional and ethical standards for all of us. During that period, 1,799 Certificates of Qualification have been issued by the Council.
2. It has, however, looked forward to the day when the Canadian Dental Association could assume its proper role in all national dental fields and is very happy to know that soon, plans for a National Examining Board will be finalized.
3. It is recognized that some time will be needed to iron out all the necessary details and produce a smoothly-functioning organization; but it is the hope of the Dental Council of Canada that this can be accomplished within the next few years so that the Council may then wind up its affairs, transfer its funds and terminate its existence without a chance of our Profession being left without a proper Inter-Provincial Examining Board.
4. To ensure the continuity of an Examining Board, it is necessary that certain questions be settled promptly. These we have listed as follows:

We Recommend:

- (a) That the records of the Dental Council be turned over for the use of the new Organization and when this function has been completed, that these records be given in Trust to the Canadian Dental Association as an historical record.
- (b) That a Slate of Officers of the Dental Council of Canada remain in existence for a short period to handle unfinished business.
- * (c) That the existing Certificates of the Dominion Dental Council and the Dental Council of Canada continue to be recognized by the agreeing Provinces as of this date as valid.

* During discussion before the Board of Governors part 4 (c) was amended to read:

“(c) That the Certificates of the Dominion Dental Council and the Dental Council continue to be recognized by the agreeing Provinces.”

5. In the meantime, as a significant gesture of goodwill and earnest cooperation, the Dental Council of Canada is happy to contribute the sum of \$6,000.00 to assist the National Examining Board in organizing its work and launching itself on what we sincerely hope may be a very long and successful career that will be a great factor in maintaining the present high standard of professional examination and in furthering goodwill and understanding amongst the Members of our Profession from Coast to Coast.

RESOLUTIONS

It was moved by Dr. Ratté and seconded by Dr. Reid that: We approve the Statement of Policy of the Dental Council of Canada as amended and request the Executive to take immediate action for the functioning of the National Examining Board of Canada.

—Agreed.

It was moved by Dr. Reid and seconded by Dr. Racey: That the Dental Council of Canada be asked to continue for a period of one year.

—Agreed.

* It was moved by Dr. Whyte and seconded by Dr. Phillips: That the Resolutions Committee give proper recognition to the generous action of the Dental Council of Canada as expressed in the Statement of Policy.

—Agreed.

* See Item No. 12 of the Report of Resolutions Committee.

NOMINATING

MEMBERS OF THE NOMINATING COMMITTEE: GEORGE L. CAMERON, Chairman, Ottawa, Ont.; S. J. PHILLIPS, Oshawa, Ont.; H. B. POWELL, Calgary, Alta.; A. J. COUGHLAN, Saint John, N.B.; GUSTAVE RATTE, Quebec, P.Q.

REPORT

Your Nominating Committee beg leave to present to you the following names to be placed in nomination for office during the ensuing term.

<i>President</i>	- - - - -	G. Ratté
<i>Immediate Past-President</i>	- - - - -	Harold M. Cline
<i>President-elect</i>	- - - - -	A. J. Coughlan

EXECUTIVE COMMITTEE

Chairman, G. Ratté; H. M. Cline; A. J. Coughlan; R. R. McIntyre; S. J. Phillips.

LEGISLATION COMMITTEE

Chairman, C. W. Sheridan; Jas. Coupland; L. E. MacLachlan; and Provincial Registrars.

BY-LAWS COMMITTEE

Chairman, J. Stanley Bagnall; G. L. Cameron; S. A. Moore; W. M. Blair; G. M. Dewis.

COUNCIL ON DENTAL EDUCATION

Chairman, W. Scott Hamilton; R. G. Ellis; H. W. Reid; Wm. Miller; A. L. Walsh; Armand Fortier; also R. O. Winn (representing the Dental Council of Canada).

DENTAL PUBLIC HEALTH

Chairman, Arthur Poyntz; Ewart Gee; J. Chambers. Ex-officio: Provincial Dental Public Health Committees.

ETHICS

Chairman, J. D. McLean; O. L. Oatway; S. C. Hodgson; J. P. Whyte; H. N. B. Beach.

FINANCE

Chairman, S. J. Phillips; A. J. Coughlan; H. B. Powell; K. M. Johnson; R. S. Edmison.

NECROLOGY

Chairman, D. W. Gullett, and Provincial Registrars.

CONVENTION

Chairman, M. L. Donigan; J. W. Abraham; Denis Forest.

PUBLICATIONS

Chairman, P. G. Anderson; Armand Fortier; A. R. Poag; F. Martin; M. G. Boyes; Murray Purcell; also Editors and Provincial Correspondents in an advisory capacity.

PUBLIC RELATIONS

Chairman, L. M. Grose; H. S. Thomson; H. E. Leyland; W. R. Jackson; W. W. Breslin; H. R. Skilling; also Chairmen of Provincial Public Relations Committees.

RESEARCH

Chairman, J. B. Macdonald (3 years); G. H. W. Lucas (3 years); Robert Grainger (3 years); K. J. Paynter (3 years); Gordon Nikiforuk (3 years); W. G. McIntosh (2 years); R. G. Ellis (2 years); J. P. McGuigan (2 years); J. H. Johnson (2 years); A. G. Racey (2 years); H. R. MacLean (1 year); C. H. M. Williams (1 year); R. J. Godfrey (1 year); Roland Gendron (1 year); J. J. Rae (1 year).

AUXILIARY SERVICES

Chairman, R. A. Rooney; H. R. MacLean; A. M. Revell; also Chairmen of Provincial Legislation Committees.

DENTAL SERVICES

Chairman, L. V. Janes; G. L. Cameron; C. W. Sheridan; R. C. McLaughlin; J. W. Abraham; also advisory members; E. M. Wansbrough; H. K. Brown; L. A. Kilburn.

HEALTH INSURANCE STUDIES

Chairman, H. W. Reid; C. A. E. McCabe; T. R. Marshall; L. V. Janes; W. R. Scott; J. F. Brown; also ex-officio Chairmen of Provincial Health Insurance Studies Committees.

HOSPITAL DENTAL SERVICES

Chairman, D. M. Tanner; F. A. Smith; G. A. Buchanan; J. M. Chamard; G. de Montigny; S. A. MacGregor; R. E. Diprose; John Carefoot.

HOUSING COMMITTEE

Chairman, R. P. Lowery; H. W. Reid; G. V. Fisk.

NOMENCLATURE

Chairman, J. H. Johnson; G. H. W. Lucas; H. A. Hunter; W. J. Dunn; F. E. A. Priestly; J. R. Getty; also ex-officio members: M. H. Garvin; G. de Montigny.

SPECIALISTS AND SPECIALIZATION

Chairman, A. G. Racey; A. Raymond; W. J. Johnston.

NOMINATING

WAR MEMORIAL AWARD

Chairman, Armand Fortier; W. F. Walford; Paul Geoffrion; A. M. Hord; M. H. Garvin.

FOR HONORARY MEMBERSHIP

R. L. Pallen; M. H. Garvin.

NOTE: After receiving the above report the Chairman called for further nominations. There being none, the Chairman requested the Secretary to cast one ballot in each case for the elected officers and declared each elected for the ensuing year or until their successors were elected. The report was unanimously approved.

ELECTION OF NOMINATING COMMITTEE

The President called for nominations for the Nominating Committee with the result that the following were elected:

G. L. Cameron, Chairman (1 yr.); H. M. Cline (2 yrs.); A. G. Racey (3 yrs.); Ex-officio: A. J. Coughlan.

APPROVED

MEMBERS OF RESOLUTIONS COMMITTEE: G. M. DEWIS, Halifax, N.S.; A. G. RACEY, Montreal, P.Q.

REPORT

Your resolutions committee begs leave to present the following resolutions:

1. The Board of Governors of the Canadian Dental Association in session at the Hotel Vancouver, wishes to express its appreciation and thanks for the capable manner in which arrangements have been provided for the Meeting.

2. **Very Rev. Cecil Swanson**

The Board of Governors of the Canadian Dental Association wish to express their sincere thanks to you for your delivery of the Invocation at our opening session on Wednesday June 11th.

3. **Ladies' Committee**

The Board of Governors of the C.D.A. wishes to convey to you our sincere thanks and appreciation for all the courtesies extended to the ladies attending the Convention.

4. **Trans-Canada Broadcast**

That the Board of Governors record its appreciation to the Canadian Broadcasting Corporation for its trans-Canada broadcast on the "History and Development of Canadian Dentistry" on Tuesday, June 17th, 1952.

5. **Manager, Hotel Vancouver, Vancouver**

The officers and members of the Canadian Dental Association offer their deep appreciation and thanks to you and your staff for the many courtesies and efficient service given us on the occasion of the meeting of the Board of Governors.

6. **Press**

The Board of Governors of the Canadian Dental Association wish to express their thanks to the

1. Canadian Press
2. British United Press.
3. News Herald.
4. Vancouver Sun
5. Vancouver Province
6. Victoria Times
7. Victoria Daily Colonist.

RESOLUTIONS

for the excellent coverage of our proceedings while meeting at The Hotel Vancouver, Vancouver, June 11th to 14th, 1952.

7. **Dr. T. R. Marshall**

The Board of Governors of the Canadian Dental Association wishes to recognize the many years of faithful and enthusiastic service given to the dental profession by Dr. T. R. Marshall for his contribution to the profession through the Journal of the Canadian Dental Association.

8. **University of British Columbia**

The Board of Governors of the Canadian Dental Association wish to express their sincere appreciation to the University of British Columbia for their assurances of accommodation in the event of other facilities not being available.

9. **Dr. Armand Fortier and Dr. Paul Geoffrion**

The magnanimous gestures of Drs. Fortier and Geoffrion in contributing the sum of four hundred dollars which represents the accrued honorariums paid to them over the past twelve years are concrete examples of the spirit of goodwill and understanding embodied in our national organization.

10. **Dr. Eudore Dubeau and Dr. Frank A. Godsoe**

Whereas Dr. Eudore Dubeau of Montreal, Que., and Dr. Frank A. Godsoe of Hampton, N.B., are the only surviving charter members of the Canadian Dental Association.

- and whereas they have made many contributions to Canadian Dentistry over a period of many years
- Therefore be it resolved that the Canadian Dental Association tender them appropriate recognition.

11. **Dental School for British Columbia**

Whereas the Council of The College of Dental Surgeons in British Columbia has presented a brief, endorsed by The British Columbia Dental Association stressing the urgent need for a Faculty of Dentistry at the University of British Columbia, which brief has been sent to the Minister of Education and the Minister of Health and Welfare—

and whereas the Canadian Dental Association recognizes the acute shortage of dental personnel

Therefore be it resolved that the Canadian Dental Association recommend to the University of British Columbia and to the Provincial Government the establishment of a Dental Faculty at the earliest possible date.

12. **Dental Council of Canada**

Whereas—The Dental Council of Canada for the past fifty years has

RESOLUTIONS

served the dental profession of Canada by providing facilities for the examination and qualification of candidates to practice the profession on an almost complete national basis.

And whereas a National Examining Board is soon to be realized as a corporate body sponsored by the Canadian Dental Association

And whereas the Dental Council of Canada has graciously consented to aid in the realization of the ultimate fulfillment of this national qualifying body by both their willingness to continue to function until such time as the National Examining Board is in operation as well as a financial supplement.

Be it resolved that appropriate recognition be tendered to the Dental Council of Canada by the Canadian Dental Association.

13. Depts. of National Defence, Veterans Affairs and National Health and Welfare

The Board of Governors of the Canadian Dental Association wish to express their sincere thanks to the Departments of National Defence, Veterans Affairs and National Health and Welfare for their cooperation during the past year.

APPROVED

ASSOCIATION MEETING

ANNUAL MEETING OF THE ASSOCIATION

The Annual Meeting of the Association was held on Monday, June 16th, 1952, in the Hotel Vancouver, Vancouver, B.C.

OFFICIAL GREETINGS

British Dental Association

Mr. Bryan J. Wood, official representative of the British Dental Association and Editor of the Journal of that Association spoke as follows:

"Mr. President, Ladies and Gentlemen: I have been charged by the President and the Representative Board of the British Dental Association to convey to you their congratulations upon the achievement of your Golden Jubilee. Our President, Mr. Roper Hall, would have wished to have undertaken this mission himself, but the near event of the International Dental Congress makes it necessary for him to be in London and he has delegated this duty to me.

I need hardly tell you how very delighted I am that this particularly pleasant duty should have fallen to me, for I have a very lively recollection of the visit of especially two of your Presidents to us in England. I refer to Dr. Garvin, who came over to our Jubilee, and to Dr. Cameron, who came to the Empire Meeting in 1936.

I, too, Sir, have the pleasant recollection of the Joint Meeting in 1932 when we were so royally entertained by your Canadian Dental Association.

My wife and I are, therefore, particularly delighted to have had this opportunity of crossing your great Dominion and renewing the many friendships we made when we were over here before and of making, as we have already done, many friendships we hope will last for a long time.

I am charged, Sir, to convey to you the congratulations of our Association on your past achievements, and I am to confidently couple with that our confident expectation that the next half century of your existence will be one of still greater expansion of your usefulness to your profession and the growing population which you serve in this great Dominion.

I have now, Sir, a very pleasant duty to perform. At a special meeting of our Association, held in April — I want you to know the date because there is sometimes a tendency in the Dominions to imagine that the Old Country is always behind the Dominions — at a special meeting held in April we elected Dr. Garvin an Honorary Member of our Association, and I have been charged by our President to convey to Dr. Garvin the Certificate of Honorary Membership.

This is a very guarded honour, held by only a very short list of distinguished persons. It gives me particular pleasure to be able to hand this over to Dr. Garvin because I know the work he has done. It would be an impertinence for me to try to tell you the work he has done in Canada. We appreciate very highly the work he did from 1930 onward to forward the scheme for the

affiliation of the Dental Associations of the Commonwealth, which has been of such very great benefit to us in Great Britain.

If it would be wrong of me to talk about the work that Dr. Garvin has done for your Association, perhaps I may be allowed to refer to one special department of his work, because I may claim to have some special knowledge of what it means. Editors are proverbially people who are more often paid with brickbats than ha'pence. But I think, Sir, it is undoubted that no one who has not had the inside working of a journal to go through can appreciate what each issue means, in quite plain language, in blood and tears and toil and sweat.

I say that feelingly because I have to do it once a fortnight. Dr. Garvin does it really only once a month, but he does what I don't do. He combines it with a very active dental practice.

This Journal of yours he has made. It is one thing, I may say, to edit a journal and carry it on once it is established, but it is quite another thing to do what Dr. Garvin has done, to establish a new journal and build a tradition. He has given you a Journal of which you have every right to be proud and you owe him, and the whole of the English profession owe him a very great debt for the work he has done in introducing this Journal. (Applause).

In presenting this document to Dr. Garvin, I am charged by our President to express the hope that we shall soon have the opportunity of welcoming Dr. Garvin in London where he may sign that book, signed, as I have already said, by this quite short list of distinguished members of the profession, which we keep and cherish, and which survived all the air raids in London during the Great War." (Applause).

Dr. M. H. Garvin made the following reply:

"Mr. Chairman, Distinguished Guests and Gentlemen: It is very difficult for me to express my appreciation of this great honour that has been conferred upon me at this time. In 1930 I had the privilege and the honour of representing our Canadian Dental Association at the first Empire Dental Conference held at London, England, and immediately after that I had the privilege of attending the Convention of the British Dental Association. I wish to state now that I was greatly impressed with the way this Convention was carried on and particularly with the fine evidence of dignity that prevailed on every occasion. For that reason I am particularly pleased to be connected with this great Dental Association as an Honorary Member.

I am particularly pleased, too, that Mr. Wood was chosen by his associates to represent his Association at this time and also to present this Honorary Membership to myself.

At that meeting in 1930 I also had the privilege of presenting in person the invitation of our Canadian Dental Association to the British Dental Association to meet with us in joint Convention in Toronto in 1932, and I felt, then, and I have felt ever since that it was due chiefly to the influence of Mr. Wood in connection with that matter that this invitation was accepted,

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because it meant a great deal for their Association to come across the water and meet with us. He spoke very favourably with regard to us and it was accepted and we had that fine meeting that many of you remember.

I try to keep in touch with the British Dental Association through the British Dental Journal, and I have always admired the statesmanlike editorials in that Journal and Mr. Wood not only edits that Journal but he writes the articles on Dentistry for the Encyclopedia Britannica. Perhaps you do not all know that. As I think of him and his work I think of the words of the great Edmund Burke, when he said of Edward Young who wrote the books entitled "Night Thoughts of Life, Death and Immortality", to paraphrase, "Job claimed the verse old Homer sung, but God Himself inspires Dr. Wood."

So it is with very great and sincere appreciation that I accept this honour and I trust that Mr. Wood will take back to his Association my deepest appreciation and thanks when he returns." (Applause.)

American Dental Association

Dr. Bernard C. Kingsbury, Official representative of the American Dental Association and a member of the Board of Trustees of that Association addressed the meeting as follows:

"Mr. President, Officers, Distinguished Guests, both men and women, Members of the Canadian Dental Association: It is indeed a pleasure for me to be here today. It affords me an opportunity to extend the official greetings of the American Dental Association to you on this Golden Jubilee, and give you a special invitation to attend the American Dental Association Meeting in September, on the 8th, 9th, 10th and 11th, this year.

I would like also to extend my own congratulations to you on this Golden Anniversary for the wonderful work you have done and are doing. Our nations with their long history of mutual respect and cooperation have established a tradition which indeed is unique in these turbulent times when distrust and hostility are the holders of the day. Each year the pattern of our friendship becomes more distinct, indicating the success of our associations.

I think this is true especially of the American Dental Association and the Canadian Dental Association. It is not just by accident or coincidence that many of our activities are similar. It is due to the spirit of cooperation and mutual assistance that has characterized our association for the last fifty years.

As an example of this cooperation I can mention the field of dental education. The Council on Dental Education of the American Dental Association and the Canadian Dental Association have worked closely for the last number of years studying the problems associated with the inspection and accreditation of dental schools. My prediction for the not too distant future is that a mutual programme of acceptance of graduates in approved dental schools of Canada and the United States will be brought about.

Another example of this spirit of cooperation is in the free exchange of material in the research and the publication fields of our Associations. The

respect and mutual assistance the dentists give each other in Canada and the United States gives proof that Science knows no boundaries.

Now, I am pleased to see so many members of the American Dental Association here. In fact there are some from my own district.

Members of the Canadian Dental Association, we have sent you our best. We are proud of them. We hope you are pleased with our efforts.

I want to pay a little respect to an Honorary Member of the American Dental Association who is also a member of this Association — your Honourable Secretary, Dr. Don Gullett — (Applause) — and also respect to some of these silver-haired men, and these short-of-hair men that did not let international boundaries limit their cooperation for the good of Dentistry for the United States and Canada. I thank you.” (Applause).

ADDRESS OF PRESIDENT

Presented by H. M. Cline, D.D.S., F.A.C.D., at the Annual Convention of the Canadian Dental Association, Vancouver, B.C.,

June 16th, 1952.

“Honourable Sir, Your Honour, Honoured Guests (Ladies) and Gentlemen: It is now my privilege to declare this the annual meeting of the Canadian Dental Association. It is particularly gratifying to me to be able to appear before the Association in these surroundings. It is very recent news to you that this hotel was threatened with a strike, the deadline for such being Tuesday, June 3rd. If this had come about you can well imagine what effect it would have had on the meeting. When the strike seemed imminent the Convention Committee and chairmen of other committees went into a huddle. Dr. Gullett was contacted by telephone for his opinion. Out of this came the decision to hold the meeting come what may, for we were confident that in our difficulties we would have the sympathetic understanding of all concerned. The authorities of the University of British Columbia were most cooperative in making available their facilities which would have been adequate for our purposes. At this time I wish to publicly thank the University for its cooperation. It would have been necessary to house the many guests presently in this hotel, in other quarters. That was no easy task, for hotel accommodation is at a premium in Vancouver at this time of the year. At no time did those concerned with these indicated changes and difficult situations, retreat or shirk the added responsibilities that were and would have been their lot if the strike had become reality. They should be accorded our sincere thanks. With men in the profession such as these we need not fear the future. It is to be regretted that in settling disputes such as this the innocent bystander, the public, should be called upon to suffer.

As your President it is directed that I deliver an address before the Association. Do not be alarmed. It will not be long and I hope will prove of interest, but it is necessary that the members of the Association be familiarized with the happenings within the influence of the Association. For the past few

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days your Board of Governors has been meeting and it is hoped and expected, from their deliberations will come actions that will be beneficial to the public welfare and to the profession of dentistry. As we consider matters of benefit to ourselves we must keep ever before us the fact that as a profession, we have a major responsibility to do our utmost to improve the dental health of the public. The Canadian Dental Association stands on record as being ready at all times to actively support, develop, and carry out constructive plans directed toward the eradication of dental diseases.

A summary of the proceedings of your Board of Governors is sent to all members of the Association. The events reflected in these proceedings are the result of very considerable unselfish work on the part of your officers, committees and others. It is hoped you will read the proceedings and derive benefit from them.

In discharging its duty to the public the dental profession has been greatly handicapped through lack of adequate personnel. Teaching facilities are very inadequate. In Canada we have five dental schools with limited attendance possible. The maximum number that can be graduated in any one year is two hundred and twelve. This is the same capacity for producing graduates which we had when the population of Canada was two-thirds of what it is today. As a matter of fact, we have less capacity than we had formerly because some of the schools have been forced to reduce the number in the classes. The ratio of dentists to population is going down owing to the increase in population, and we are not keeping pace with this increase, in producing graduate dentists. As compared to years preceding the war the population of Canada has increased at a rapid rate. In 1938 there was one dentist for each 2,665 persons while in 1951 the ratio was one dentist for each 2,750 persons. The ratio in the United States is one dentist for each 1,900 persons. Complaints on the part of the public as to the inadequacy of services is not corrected by condoning the practice of shortening the dental courses and producing poorly trained dentists. This has been proven to be very shortsighted. A step in the right direction is proper training and licensing of auxiliary personnel such as dental hygienists. Facilities are being provided for such training in some universities. Legislation has now been enacted in British Columbia and I understand rules and regulations have been approved by the Government to provide for the utilization of dental hygienists. This is a helpful step but does not solve the urgent necessity for providing further facilities for training dentists.

The Canadian Dental Association recognizes the importance of research and through funds administered by its Research Committee is assisting in training dental research personnel. In research, must rest our major hope to reverse the present tendency to deterioration in dental health. Health education programs also perform a major role toward fulfilling this objective.

Through the War Memorial Award encouragement is given to graduating classes in all Canadian dental schools to submit essays on selected dental subjects considered to be of paramount importance. The prizes consist of the

proceeds of the War Memorial Fund of the Canadian Dental Association. Following the last war the members of the Canadian Dental Association subscribed to a fund in memory of those members who lost their lives in military service. The contributed moneys make possible this annual award known as the War Memorial Award. At this time I wish to announce the winners of the Award for this year. First prize: Jean Rives, University of Montreal; Second prize: Walter W. Pressey, University of Toronto. It is interesting to note that the decision of the judges was unanimous.

You are all familiar with the Pension Trust Plan as instigated by the Canadian Dental Association and now being put into effect. This Plan is an attempt on the part of the Association to facilitate planned security for its own members by their own efforts. Two trustees of the Canadian Dental Association provide the means by which the Plan is supervised on your behalf. Mr. E. L. R. Williamson, Manager of the Company operating the Plan, will be given a short time to introduce the subject and will later meet those who would be interested in it.

It is now learned that the bill for incorporation of the National Examining Board under the sponsorship of the Canadian Dental Association has been approved by the Federal Government. The rules and regulations covering the activities of this Board will require to be approved by the dental legal body in each province before it can become a going concern. It is hoped and expected that this will answer a long-felt need.

You are all familiar with the new Headquarters building in Toronto, that provides facilities for conducting the business affairs of the Association in an efficient manner. This Headquarters, made possible through contributions from all provinces in Canada, reflects the high degree of cooperation between the provinces and the respect held by the profession for the Canadian Dental Association. It is doubtful if the founders of the Canadian Dental Association envisioned such an organization as we now have. This year we are celebrating its Golden Jubilee and throughout Canada are recognizing this event and paying homage to those who, through many lean years, have held the faith.

The Journal of the Canadian Dental Association has contributed very materially to the stature of the organization and the Golden Jubilee number of the Journal is a credit to the initiative and ability of past and present Publication Committees and the editorial staff.

During the past months I have had looks cast at me and remarks made to me in regard to the number of times the men of B.C. have been at meetings arranging for this Convention and working on other matters pertinent to dentistry. To the ladies I apologize if I have been instrumental in disorganizing their home life. To the profession at large I have no apology to make, for this is our profession and we should be prepared to contribute to its advancement as have men who have built it up for us. To these men with neglected wives, however, I do offer my very sincere thanks for the manner in which they have discharged any and all duties entrusted to them, and this with a

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smile and good humour. In correspondence with your incoming President he remarked "I can foresee the duties of the President of the Canadian Dental Association and I am not at all enthusiastic about my future". Let him take consolation in the facts I have related to you, and know that all will be well. He will have the backing and support of Canadian dentistry. To serve as your President is an honour worth any and all efforts that might be put forward." (Applause.)

PRESENTATION OF HONORARY MEMBERSHIPS

President Cline: "One of the pleasant duties that devolves upon this office — there are many that are trying — is one I am now given the privilege to perform. That is the presentation of honorary membership in the Canadian Dental Association. This is something to be prized. Very few hold it, and at this time I would like to tell you about one of our members, in brief, on whom this honour is being conferred — Robert L. Pallen, of Vancouver, who was born in Dalhousie, New Brunswick. (Applause.) (Dr. Pallen, are all these members from New Brunswick?)

Dr. Pallen had his early education in Dalhousie, his dental education in the Dental College of Oregon. He practised in Vancouver for many years. He has been Director of the School of Dental Services for a long time and that School of Dental Services is synonymous with 'Bob'.

He has been a member of the College of Dental Surgeons of British Columbia for many years and was the President from 1927 to 1945. He is now Registrar-Treasurer.

He is a Past President of the Canadian Dental Association in the formative years. He was President of the Canadian Dental Association in 1936. He was my predecessor as a Member of the Board of Governors of the Canadian Dental Association and he is also a Fellow of the American College of Dentists.

Dr. Pallen, on behalf of the Canadian Dental Association, it gives me great pleasure to present Honorary Membership in that Association to you." (Applause.)

Reply by Dr. Pallen: "Thank you Gentlemen, for the applause. Thank you, Dr. Cline, for your build-up, shall I say? — I want to thank the members of the British Columbia Dental Association and, in fact, the whole membership in the Canadian Dental Association for their consideration and kindness to me. I enjoyed my term on the Board of Governors of the Canadian Dental Association and as President, and I made many fine friends.

Now, I think I have covered what I want to say to you. I appreciate the honour you have conferred upon me and I hope I may live a long time to enjoy looking at this — perhaps every day." (Applause.)

President Cline: "It is a very unusual situation where Honorary Memberships are conferred upon a person from two organizations. Matthew Henry Garvin, of Winnipeg, Manitoba, was born in Newcastle, Ontario, and he had his early education in Ontario. He saw the light and moved West to Winnipeg, where he has practised the specialty of Periodontics for many years.

He has held many responsible offices in dental organizations, including the Presidency of the Canadian Dental Association in 1929. Dr. Garvin did much to carry the Canadian Dental Association through its more difficult years.

He has been the Editor of the Journal since its inception in 1935.

He is a Fellow of the International College of Dentists and as you have heard, he roams around a little bit. He was the Canadian Delegate to the British Empire Council in London and you have heard many other nice things about Dr. Garvin.

At this time it gives me much pleasure, on behalf of the Canadian Dental Association, to present to you Honorary Membership in that Association.” (Applause.)

Reply by Dr. Garvin: “Mr. Chairman, Distinguished Guests and Gentlemen: If it was difficult to speak a few minutes ago it is still more difficult now. I feel that honours are being showered upon me today in an unprecedented manner as far as I am concerned.

I feel, too, that the old saying, “A prophet is not without honour save in his own country” has been put to the test and found wanting. However, there are exceptions to every rule.

It has been a great privilege and a great joy and a great source of satisfaction to work for the Canadian Dental Association and I wouldn't be human if I didn't feel grateful for this recognition.

I do not wish to take your time further at this time, except to express my thanks from the bottom of my heart for this great honour you have bestowed upon me, and I would say with a great American dentist who on a similar occasion to this said, ‘I am pleased, I am honoured, I am humbled’.” (Applause.)

INSTALLATION OF NEW PRESIDENT

Dr. R. A. Rooney, Past President of the Association, acted as Installing Officer and spoke as follows:

“Ladies and Gentlemen, Honoured Guests and Visitors: This is a particularly significant occasion because we are this year celebrating the 50th Anniversary of the establishment of our national organization. Perhaps it would not be out of place to take just a moment or two to recapitulate.

The Canadian Dental Association was established in Montreal in 1902 and the first President of the Canadian Dental Association was from Montreal. . . It is fitting, therefore, in my mind, that on this 50th Anniversary, we are again going to induct a President from that old Province.

It is not an inconsiderable honour to be President of an organization such as ours with over 5,000 members spread over a distance of 4,000 miles of land and sea. It is not, on the other hand a job to be accepted lightly, and in the past I believe you will agree that the men whom you have so honoured have, on the whole, filled their job quite fittingly. You have honoured two of

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them today — you will be honouring others in the future, I hope. All of them have given you of their time, their ability, unstintingly, and at a sacrifice to themselves.

Dr. Garvin has referred to the statement that a prophet is not without honour save in his own country. I think that I can again disprove that old saying. Today we induct into the Presidency of our body a man who has had many honours, but who on the other hand has honoured many groups by his ability, his earnestness and the fact that he is interested in the jobs that he has been asked to do.

Ordinarily, I might have been able to memorize the positions that that man has held. Unfortunately, just to prove my point, this list is much too long for memorizing and I will have to read it.

Dr. Joseph Jules “Gustave” Ratté — “Gus” to you, and “Gus” to me — was born at St-Augustin, Portneuf County, Québec, in 1903.

He received his early education in St-Augustin Commercial School and he got his B.A. from College de Lévis, which is affiliated with Laval University.

He got his B.S. and his D.D.S. from the University of Montreal Dental School.

Now, I start in on the list of his accomplishments and they are, as I said, not inconsiderable.

First of all, his membership in Dental and Scientific Societies: He is a Member of La Société de Stomatologie de Québec—1929; he is a member of La Société des Médecins et Dentistes de la Rive Sud—1947; he is a member of the College of Dental Surgeons of the Province of Québec—1929, and he became a member of the Canadian Dental Association in the same year; he is a member of L'Association des Dentistes de langue française de L'Amérique du Nord—1929; he is a member of The Provancher Society of Natural History of Canada—1925—and was President of that organization in 1938 and for several years was its Secretary; in 1936-37 he was President of La Société de Stomatologie de Québec.

In his undergraduate days when he started out, which indicates his interest, in 1928 and 1929 he was President of L'Association des étudiants en Chirurgie-Dentaire de L'Université de Montréal.

From 1934 to 1952 he has been a member of the Board of Governors of the College of Dental Surgeons of the Province of Québec and from 1940 to 1952 he has been a member of the Québec Dental Examining Board.

He has been an advisor of Laval University for the foundation of a Dental School.

In 1947-48 he was Chairman of the Programme Committee for the Annual Meeting and Convention of the Canadian Dental Association at Murray Bay.

Now, Gentlemen, that indicates the stature of the man you are going to ask to direct the affairs of your national body for the coming year.

Gus, will you stand up, please? As you can see, physically as well as mentally, he is quite a figure of a lad.

I am now going to ask our Secretary, Don Gullett, to vest Gus with his badge of office."

Reply by New President: "Monsieur President, (as you would say to me), Dr. Roney, Distinguished Guests, Members of the British and American Dental Associations, Canadian Confreres and Friends: May I be permitted at this moment to express my gratitude to our friend, Dr. Arthur Rooney, for his noble effort to render me acceptable as a President of the Canadian Dental Association. In my mother language we name these artists or magicians 'portrayists'. They are, as you know, those persons who can make of a wrinkled or a pale face a portrait acceptable to everybody and agreeable to look at. Unfortunately for Dr. Rooney, the subject he took so much trouble to improve is appearing in person to put in the shade all the colours he has painted.

Thank you, sincerely, Dr. Rooney, for the eulogistic thoughts presented in your nice and very personable manner. Needless to say, I am very honoured and flattered, personally, to become President of the organization which includes all Canadian dentists. It is an honour reserved for a very small group. I doubt my merit, except that I am and I will always be sincere and faithful to the profession that I have chosen. (Applause.)

Many dentists from Québec would have certainly occupied with greater ability and capacity the prominent place, but being chosen, I am pleased to share with the confreres of my race and of my province the high honour bestowed upon me by the Canadian dentists.

From the place to which you have elevated me, I can realize the magnitude of the problems confronting Canadian Dentistry. I can see the complete picture of Canadian Dentistry. On one side, the past and wonderful achievements; in the background, those pioneers with vision; in the centre, those hard workers, trying to open the way, and closer to us, those wise and intelligent builders.

From the picture of the past we can take good advice. First, Dentistry has emerged every time that the educational standard has been raised and maintained. Second, those periods of progress are finger-printed by those unselfish workers who have united their efforts to study, defend and promote the best interests of the profession in its relation to the public which they have chosen to serve.

Just at this moment, when we still hold the last page on which is written the Canadian dental history of the last fifty years, and before we turn that page to begin the history of the next fifty years, let us look forward to find our way. We have very serious problems, but now that the working heart of our Association is well organized, the responsibility of the completion of the work is in the hands of those who have been assigned to the strategic command. Let us join together in a union of thought and effort to solve, if not all, at least a few of the problems of our profession and of the public, on the other hand.

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We must look at the future with confidence, believing that our governing body in this country shares our responsibilities and we may assure them of our entire cooperation.

We dentists must have unity in the next months, and in these days ahead let us write a page of Canadian dental history, a page that we will be proud of, and with this thought in mind, that history is always true.

To the thousands of French dentists that belong to this Association, and to those who have travelled so far to be here with you, I will with your permission, and in a short time, say a few words in French.

(Dr. Ratté spoke briefly in French).

We are all very happy and fortunate to participate in one of the best Conventions we have ever attended. This beautiful country, this young, clean and flowered city, the nice hotel, and the extraordinary civic programme have a quality that we cannot find elsewhere.

No hospitality is more friendly and sincere than the hospitality we are receiving here in British Columbia, from the officials, the dentists and their wives.

I think on your behalf, on behalf of those who have come from outside of this Province, I would say to Harold Cline and to his group of humble and hard workers, our Congratulations and Thanks.

In the fall of 1953, Montreal, the metropolis of Canada — (pardon me, Toronto!) — will open its doors and arms to receive the Canadian dentists and their wives. The English and French Dental Societies, the Quebec College of Dentists, the McGill and Montreal Schools, will join together to prepare a programme for the next Convention, a programme that you will be pleased to attend.

In the name of the dentists and their wives of the Province of Quebec, may I extend to you our heartiest welcome and I say to you all at this moment, 'Au Revoir'." (Applause.)

Dr. Rooney continuing: "Gentlemen, I would ask you to vote on whether my French pronunciation or Gus's was the better.

It is particularly unfortunate that Madame Ratté was not able to attend with her husband because she, as all wives do, will have to bear a large part of the brunt of the work, and I say "work" advisedly, and the inconveniences of the office.

I hope, Dr. Ratté, that you will convey to your wife the best wishes of all members present and of all members of the Canadian Dental Association."

"I purposely soft-peddled on the amount of work that the Presidency of our organization involves, because I didn't want to scare Gus off until we got him roped with that ribbon around his neck. Now, I can elaborate a bit more on the work that has been done in the immediate past by a man to whom you owe a real debt of gratitude.

Harold Cline has borne the honours of his office with faithfulness and dignity. You will all agree with that. (Applause.) It meant being away from

home and office on many occasions when he would much rather have not had to leave. His wife shared those inconveniences with him. I should have liked, if it had been possible, to have had Mrs. Cline present as well, so we could have indicated to her our gratitude for the position that she has had. I hope, Harold, that you will convey that to her.

Now, Gentlemen, I am going to ask our Secretary to bestow on our Past President, Harold Cline, a badge, indicative of the work that he has done on our behalf.

(Past President's Badge presented to Dr. Cline by Dr. Don Gullett).

I may say, Ladies and Gentlemen, that that is a small replica of the medallion which he was worn with such grace during the past year." (Applause).

Reply by Dr. Cline: "Thank you, very much, Dr. Rooney, for your very kind words and your very kind thoughts. I really could have ruled this part of the proceedings out of order. I want to tell you how much I appreciate this and I will try in the future to do honour to this badge I am now wearing." (Applause.)

Dr. Rooney continued: "Harold, as an indication of our feelings I am going to ask the Secretary to present you with a small token of our appreciation and we hope that you will accept it in the spirit with which it is offered." (Silver tray presented to Dr. Cline.)

Reply by Dr. Cline: "Thank you, very much, Dr. Rooney and Gentlemen.

I want to tell you that I have been away from home quite a bit. Mona complained sometimes but she never regrets the inconvenience that the home has been put to on behalf of the Canadian Dental Association. On her behalf and my own, I can only say Thank you, very much."

TRANSACTIONS
OF THE
CANADIAN DENTAL
ASSOCIATION

▲
DENTAL IDENTITY
TORONTO

ANNUAL MEETING
MONTREAL, P.Q.
OCTOBER 14 - 17, 1953

TRANSACTIONS
OF THE
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ASSOCIATION



ANNUAL MEETING
MONTREAL, P.Q.
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BOARD
OF
GOVERNORS

OFFICIALS

1952 - 1953

(For 1953 - 54 Officers see page 184)

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R. R. McINTYRE, S. J. PHILLIPS

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H. E. CLARK	- - - - -	Summerside, P.E.I.
W. L. GOODWIN	- - - - -	Harbour Grace, Conception Bay, Nfld.

FOREWORD

The Transactions are issued to the membership with a dual purpose in mind. It is hoped that members will read the contents carefully in order to be fully informed respecting the work of the Association. Secondly, the yearly Transactions form a reference volume and should be preserved for that purpose. In this latter respect a subject index has been prepared for the present volume in order to facilitate its use for reference purposes.

The reports appearing in the Transactions are those presented at the 1953 Annual Meeting held in Montreal. These reports appear here in the form as amended at the meeting. All reports presented at the Annual Meeting are referred to reference committees. These committees amend the reports, comment on different items and formulate resolutions respecting some part or parts of the report. Having completed study of a report the reference committee brings the report back to the general session of the Board of Governors with a recommendation for adoption or otherwise. At this time the original report is read, followed by a presentation on the report by the chairman of the reference committee which has studied the report. The Board then adopts, amends or takes any other appropriate action on the report.

The Board of Governors held six general sessions at this year's Annual Meeting. The business transacted is represented in this volume, which in reality represents the work of the Association since the 1952 meeting. The reports are presented in full with the exception of some reference appendices. The actions taken are summarized following each report.

An unusual event occurred during the sessions this year when the services of the retiring Editor and Assistant Editor were recognized. President Ratté presented Dr. M. H. Garvin with a suitably engraved piece of silver, and President-elect Coughlan made a similar presentation to Dr. T. R. Marshall. Both men had served the Association since the initiation of the Journal.

The sessions of the Board of Governors are open to the membership. It is most gratifying to see the interest displayed by members through their attendance.

A complete report of the Annual Association Meeting will be found in this volume.

REPORT OF PRESIDENT TO BOARD OF GOVERNORS

1. It is an exceptional privilege for me to welcome you all at this Meeting of the Board of Governors of the Canadian Dental Association in the Province of Quebec and in the City of Montreal, birthplace of our Association.

2. All the Governors, and Chairmen of Committees who attended the meeting last year, should feel at home in this room. I wish to extend a special welcome to the new representatives on this board. Prince Edward Island Province has delegated this year, Dr. H. E. Clark, and the Province of Ontario has three new representatives in the persons of Dr. C. L. Strachan, Dr. R. O. Winn, and our well-known friend, Dr. P. G. Anderson. I also welcome Dr. Goodwin, Newfoundland, who attends for the first time this year. A heartiest welcome to you!

3. When we left Vancouver last year, after a very nice celebration of our fiftieth anniversary, we all thought that the affairs of the Association were in such good order that we could anticipate a year of leisure. We soon realized our error. All Committees were requested to quicken the pace and furthermore a special Committee was appointed.

4. We are here today to hear, to study, to approve or disapprove the reports presented by all the Committees. They are the result of many hours of work by the members of this gathering, as well as many others who are not present. To all of them, in the name of the Canadian dentists and mine, may I thank you sincerely for the time and effort you have given so generously.

5. It is a law of nature that most of the birds return to their native ground to nest and procreate. I hope that the same law will be followed by our Board, and being in the city of our birth, I feel justified to hope that this meeting will be noteworthy for its creative deliberations and its foreseeing work.

President's Visitation

6. The visitation of the Country is one of the most agreeable duties of the President, because the members of our profession are very friendly and this friendliness extends to our dental associations and societies. I have done the best I could to re-warm this state of mind.

7. It has been physically impossible for me to visit each society of the Country. Nevertheless, I was able to attend the Maritime Dental Convention in Fredericton, N.B. in July 1952. Since the Vancouver Meeting I visited the following dental societies and associations, Eastern Ontario Dental Association in Ottawa, the dental societies in Winnipeg, Regina, Saskatoon, Lethbridge, Calgary, Victoria, Vancouver and Edmonton. On the invitation of Dean Scott Hamilton, I met at the same time and addressed the dental students of the University of Alberta.

PRESIDENT

8. In Toronto, I attended the meetings of the Toronto Academy last Fall, and of the Ontario Dental Association last May. On both occasions I had the privilege of presenting the greetings of the C.D.A.

9. In my Province, I have visited the Montreal Dental Club, the Federation des Societes Dentaire du Richelieu and La Societe des Medecins et Dentistes de La Rive-Sud.

10. Special receptions were given to the President and his wife by La Societe de Stomatologie de Quebec and La Societe Dentaire de Montreal. Finally, this last September I attended again the Maritime Convention at the Keltic Lodge, Cape Breton, N.S.

11. As I felt that our country was not large enough, I visited the Headquarters of the American Dental Association last February and attended the meeting of the same in Cleveland, Ohio, a few days ago.

Comments on Visitations

12. For the benefit of future Presidents, I am pleased to say that the visitation of the country is most agreeable in the company of our devoted Secretary. Every detail of the trip is planned and arranged by him. You just have to take life easy.

13. In every place we visited the officers and members of Societies have for the President and Secretary, all kinds of attention. We have enjoyed everywhere the heartiest hospitality. To remember my visitation as President is one of the most enjoyable moments of my life. Should I have overlooked to thank any one of you personally, I do so now.

14. You are no doubt aware of most of the incidents on the trip. The strong constitution of the President was able to resist all the destructive attempts. After all a trip without incidents is a trip without souvenirs.

15. In many places the profession is up-to-date on the dental problems due to the initiative of the officers of the societies and the awareness of the profession in each region seems in relation with that of the officers.

16. With the exception of three or four places, I noticed that not many of the younger generation were present at the meetings. Although many local and general factors can explain this situation, I am convinced that it is the duty of the older dentists to incite the young to participate in the activities of the profession and to entrust them with some duties and obligations. Inexperienced enthusiasm is often better than inert experience.

17. Dental education of the public is progressing to some extent but at a slower rate than the dental education of the dentists. I feel that the time has come to re-assess our methods of promoting dental health. Until such time as most of the public will be mouth-minded, having attempted to educate the patient, it is wise for members of the profession and the profession itself, to conform the type of service to the circumstances of the people to which services are rendered.

18. A lack of psychology may be detrimental. The inadequate dental education of the public in some regions and the impossibility of paying for the proposed dental services in others, are some reasons for the demand for health insurance schemes and for the encouragement of illegal practice.

19. I cannot help but repeat here how necessary and important it is for the President and the Secretary to visit the dentists in Canada. Personal contacts between officers do more to consolidate our unity and the comprehension of our common problems than any other means. Furthermore, each President when he returns home is more able to serve his profession than when he left.

Laval Centenary

20. In September 1952, the Canadian Dental Association was invited to partake in the celebration of the centenary of the University Laval in Quebec City. Forty-six countries, two hundred and eighteen universities, one hundred and forty educational colleges and sixty-two cultural societies had sent delegates. I was proud and honoured to represent our Association on this occasion and to offer in your name and mine the congratulations and wishes of the dentists of Canada. Our message printed on a parchment was deposited in the hand of the Chancellor. Copy of this message is part of this report as Appendix A. (The original letter was in French).

21. During three days, academic sessions, reunions, concerts, banquets, were part of the program. The Laval Centenary Medal and an historical album were given to each delegate. They are now in the library of our Association.

22. I felt that it was a wonderful occasion for our Association to make its way into the scientific and cultural society and I sincerely think that we should take advantage of every similar occasion to create good public relations around our profession.

International Relations

23. During the last year, our Secretary and many dentists of Canada have attended an International Congress in London, England. You will certainly read in the Secretary's Report much valuable information, and the other members of the profession also profited from their visitation.

24. The fast development of dental science, the various systems of distributing dental services in many countries must be brought to the attention of Canadian dentists whose activities are also becoming a point of interest for other similar bodies. Those above mentioned reasons plus the great importance that the Federation Dentaire Internationale is taking in the dental health world must be the subject of your thinking. Some decision must be taken as to our participation in the activities of the Federation Dentaire Internationale and also concerning our acceptance of invitation from foreign dental organizations. The President and especially the Secretary are always puzzled to answer these invitations. It will be a very wise move to adopt a policy concerning our external affairs.

PRESIDENT

Finances

25. You will see from the reports of the Executive and the Finance Committees that our annual revenues and expenditures have been thoroughly scrutinized. The rising cost of life in general has also an influence on our finances. Unfortunately, we cannot increase our income by publicity or any other system peculiar to commercial societies. Should we relinquish some of our activities? Should we start to sell the idea to the provinces that we need more revenue? These are very important questions that you will have to answer in the study of the finances.

Activities of the Board Members and Members of Committees

26. No one representative to the Canadian Dental Association has ever thought that his duty is limited to his attendance to the Board of Governors meeting. I know that you are coming here to give this meeting the best of your knowledge on dental matters, to ask for all the information you desire to enlighten your judgment, to oppose anything that seems against the interests of the profession and to bring the viewpoint of your Province.

27. As Governors, you must leave this meeting with the firm conviction that you have thoroughly studied every report in all fairness to the members of the Committees who have prepared them. It is also our duty to establish the policies of the Association for the present and the future, as well as our plan of action in any sphere of our activities and to create others if necessary. It must be pointed out that the Officers, the President, the Secretary, the Members of the Executive and Chairmen of Committees should receive their plan of action from this Board. I can assure you that they will have enough problems with the administration and the emergency situations.

28. That is already agreed upon by everybody, but the Executive has given me the delicate mission to inoculate you with the virus of the C.D.A. enthusiasm. Tomorrow you will return home with the conviction of a fully performed duty and a headful of Canadian dentistry matters. Do you think that your constituents will know as much as you do just by reading the resume of the transactions? Is your own Provincial Board well informed of all the problems of dentistry in general? Are your own dental society members aware of the new trends in general dentistry? It seems one of our urgent duties to supply all of them with good information.

29. In social life, we should be able to create a favourable atmosphere amongst some of our friends. The health officers, our local newspapermen, the school commissioner, our bank manager, our fellow members of the Club, members of our legislature, our family doctor and druggist etc. I hope that some members of this Board will bring good ideas along this line.

30. One member of this board was so imbued with the necessity of informing the members of the profession in his province, that last year he has appeared before his Provincial Board, visited most of the dental societies in his vast Province and went so far as to write quarterly circular letters on C.D.A. affairs

to the members in his province. I wish I could use his colored language to convince you of doing the same thing in your territory. To be a governor of the C.D.A. is a mission that lasts all the year round "honneur oblige".

Public Relations

31. During this year, our Public Relations Committee has taken the initiative, amongst many others, to send to the profession a letter on the attention that should be given to the public relations of the profession. The commendable activities of this committee will be reviewed during this meeting, but I would like to bring at this moment my viewpoint on this subject. I hope to possess a broader view of the situation of dentistry in Canada after my visitation.

32. What factors have created the actual public opinion on dentists and dentistry?

By order of importance:

- (1) The action of each dentist in professional and social life.
- (2) The actions of national, provincial and local groups of dentists.
- (3) All that has been written or said on dentists or dentistry in publications and on radio.

33. We have now 5,215 members who are making good and bad public relations of the profession. Such a number of agents distributed all over Canada is the most important part in our public relations program. If we want to improve our standing with the public we must then attempt to improve ourselves. The Canadian Dental Association and the Provincial Dental Legal Bodies should give more attention to those who are the profession today. It should be our ambition that each and every dentist have the characteristics necessary to give a transcendent personality, a personality which we would be pleased to have ourselves and noticed in the public. When I say public I mean general public, other professional bodies and governing bodies. I hope that someone will take the initiative to write a manual on public relations for the dentists, which would be the complement of our "Code of Ethics".

34. We are proud of the great progress of dental education in our five dental schools, but they should not restrict themselves to the preparation of skilful and competent practioners. It would be just too bad for our profession and our population if our dental schools were preparing only dentists without ideals, without a soul, and maybe without a conscience. There is a tendency amongst the younger generation, maybe taken after the example of the older, to a mentality and attitude which reveals plenty of materialism. It seems that many young professionals are not inclined to practice an honourable profession according to their own preference and aptitude, and socially useful, but are more interested in an occupation that will bring them high financial reward in the least time and effort possible.

35. It is also very important that the choice of future dentists be made with the greatest care. The prospective student will never be a real professional if he has not "an education beyond the usual level" at the beginning. We have

PRESIDENT

lived long enough to realize that our profession will survive and develop if our future members have the best cultural background possible before entering the dental school. It is not the proper time to study the basic sciences and the humanities when the student is at the dental school. The dental teaching today takes all the spare minutes of the University program. The cultural background of a future dentist is very important, but most important is his character and his personality as well as the qualities of heart and mind, honesty, ambition and a desire to serve. It is the duty of every dentist, dental societies, dental colleges to multiply their efforts to select the best class of future dentists if we really want to occupy the rank of a health profession. A system to attract the good potential student should be studied by our Council on Dental Education.

National Dental Examining Board

36. Last June, I had the privilege to preside at the first election of the National Dental Examining Board. As you already know, the destiny of that board is in the capable hands of our past President, Doctor Howard Merkeley. Best wishes to the new Board.

37. The birth of this national organization has been possible because all the provincial dental bodies have agreed to the principle of the highest dental and pre-dental qualification for our future dentists. The National Dental Examining Board is for me more than an organization to grant a certificate; it is the unanimous desire of the members of our association to elevate our profession to the rank of a true health profession.

Dental Personnel vs Dental Education Facilities

38. One Quebec newspaper "Le Soleil" on July 10th, 1953, mentioned in an editorial that the number of dental schools and dentists in this country was the big weakness of our public health system in Canada, and furthermore, "to solve that problem should we wait for the action of the government or the profession".

39. Also from the "Ottawa Citizen" June 26th, 1953, "A short supply of practitioners of course, means more work and higher earnings for those in any profession. But many dentists are over-worked; and in any case, professional ethics should require their associations to put the public interest ahead of selfish considerations".

40. Editorial like this and the poor diplomacy of certain members of the profession who refuse to alleviate pain because they pretend to be booked up for two or three months should be a matter of concern to the leaders of our profession. Thousands of demands to Governments, Universities, Health Departments etc., by the Canadian Dental Association, the Provincial Associations, and local societies have been made in the past without success. Now is the time more than ever for our Association to take a definite attitude concerning the teaching facilities for dentists and dental personnel.

41. As a result of the conference of the representatives of the Western Provinces in Saskatoon, September 8th and 9th, I hope we can establish in perfect harmony the possibilities for dental training. The Secretary and myself attended the meeting which ended with a perfect agreement on the teaching facilities and the need of personnel in the Western Provinces. Our Secretary will present a detailed report on this conference but I must use at this time some of the agreements to establish the nationwide facilities present and future on dental education as follows:-

PROVINCE	UNIVERSITIES	ACTUAL	FUTURE
British Columbia	British Columbia	0	45
Alberta	Alberta	30	15
Manitoba	Manitoba	0	40
Ontario	—		65
	Toronto	65	
Quebec	McGill	35	
	Montreal	60	
	Laval		40
Nova Scotia	Dalhousie	12	15
		—	—
		202	220
Possible additions to actual facilities			10
			—
			230
Total possibilities		432 graduates a year	

42. For the sake of the discussion, I will propose a ratio of dentists to the population. I have intentionally put the population figure small because in my calculation I do not take into account, the fast increase of our population, the fact that in some provinces about 50% of the dentists are over fifty years of age or more, that the number of dentists who are not directly rendering dental services is always increasing and that our dental facilities are not fully used. We have been told that our population will reach over 14,000,000 by the end of the year. I have figured that Canada needs 10,000 dentists — 1 for 1,400.

43. This figure may be too low for some regions but too high for others. During the next three years the average number of graduates will be 169. The average lost through death and retirement, if the present rate is sustained will be 121, leaving a surplus of 48, provided that all those graduates take up practice. The actual rate of increase 48 plus my hypothetic possibilities of 230, would give an annual increase of 278. 10,000 less 5,215, leaves 4,785, divided by 278 equals 17 years to attain 10,000. If the future schools were physically possible tomorrow, they would not be in a position to give their full return before at least eight years. Theoretically we would not be able to attain the 10,000 mark before twenty-five years, if we could have the future dental schools tomorrow which is an utopia.

PRESIDENT

44. You may ask me what would be the cost of such an undertaking. According to the information I have on the cost of schools for dentists, and dental hygienists, \$20,000,000 will cover the cost of such a program for dentists and dental hygienists.

45. What should be the next step? The only way to me is to prepare a brief that will contain our full program for better dental health for Canadians. Prevention, research, policy on health insurance, more dental public health, and the need for dental teaching, and have it presented by the officials of the Canadian Dental Association to the Prime Minister of Canada and by Provincial dental officials to the Premiers of each Province with the accompanying publicity and see that the public support our request.

46. Members of the Board of Governors, the problem is very important, and we must face our responsibilities if we do not want to be accused of want of foresight.

Association Duties

47. One of the principal obligations of our Canadian Dental Association is to take care of the social position of our profession in our national economy. I repeat here some of the ideas I have preached during my visitations. Up to now, the Canadian Dental Association, having gone through a period of youth development, has done the best it could to maintain our profession in a good social standing, but our action has been more defensive than aggressive. Now that we have attained majority, I think that we should act positively, as a mature profession. Instead of waiting for the events which are sometimes detrimental to us, we should force the future. We should not wait for the governments and public to dictate what we should do as individuals and as a profession. If the activities and decisions of our fellowmen have an influence on us, it is quite reasonable to think that our actions and words as individuals and as a dental organization might affect them. We are the ones who will have to set our future life as professionals in relation with the public which receives our care.

48. Our desire is to maintain our liberty of practice and with freedom of choice by patient and dentist and to maintain the benefits and rate of progress that have accrued under private practice and at the same time provide for a larger distribution of preventative treatment. All of this being in harmony with our primary obligation to the public.

49. On closing I wish to express my gratitude to the Members of the Executive the Board of Governors, the Chairmen and Members of Committee for their untiring devotion to the welfare of our profession. The quality of the reports presented here is the proof of their excellent work.

50. Our Secretary needs a special mention, specially this year for the tremendous amount of work he has accomplished with the help of our devoted personnel. I want to bring to your attention that our Secretary cannot take all the responsibility and do all the work as he has done in the past if we want

him for a long time. Each section will help in taking their responsibility and doing their full share of the work.

51. For me, I have enjoyed very much the great honour of being your President, and look at the others at work. The consideration and the respect I have felt all over the country for the President of the Association is a proof of its sane vitality. I wish to my successor a greater success and give him the assurance of my willingness to serve.

To my Association, I wish new and constant achievements.

Appendix A

To Monseigneur le Chancelier,

To Monseigneur le Recteur,

To honourable members of the Council and to the
Professorial Staff of Laval University.

On the occasion of the great celebrations which mark the centennial of your University, the Canadian Dental Association takes great pleasure and has the great honour to offer to you its admiration, its congratulations and its best wishes.

The reputation of your University, the high place that it occupies in the scientific world are subjects of pride and joy for all Canadian dentists. The latter are happy to join with the representatives from other universities and cultural societies, in a word, with all the friends of LAVAL in extending well deserved congratulations for its many years of work and progress towards peace.

The Canadian Dental Association is happy to number amongst its member-founders, its president and its active members, the graduates from LAVAL who bring great honour to their University and to their Association, and it also takes this opportunity to renew a wish that is respectfully submitted for the attention of the university authorities; the hope that LAVAL may soon receive the necessary facilities for teaching the art of dentistry.

Canadian Dental Association
President (Gustave Ratte)
Secretary (Don W. Gullett)

Toronto, September 1952

COMMENT

1. — 13. We commend the President on his energy and initiative in promoting the welfare of the profession and cementing the bonds of good fellowship all across the country.
14. Some members question as to whether the President is bragging.

PRESIDENT

15. We agree.
16. We concur with the President, that it is the duty of the older members of the profession to create enthusiasm among the younger men.
17. — 19. We agree.
20. & 21. We congratulate the President on (a) the distinguished manner in which he represented the C.D.A. at the Laval Centenary and on the honour which was bestowed upon him in receiving the Papal Medal, "Bene Merenti", in recognition of a fine public service. (b) We appreciate the donation of the Laval Medal and Album to our library.
22. & 23. Agreed.
24. It is desirable that delegates be sent to such meetings. The decision to be made by the Executive taking into consideration the financial ability of the Association and the time element concerned in respect to the delegate.
25. We would recommend that the Board of Governors try to get an expression of opinion from the delegates as to whether their Corporate Bodies would be able to increase the grant.
26. & 27. We concur.
28. We are agreed that every effort should be made on the part of the delegates to personally inform not only the Corporate Bodies, which they represent, but the individual members of the profession in their locality of the transactions and the significance of these meetings.
29. An excellent observation.
30. We would like to comment but lacking the colourful vocabulary of the delegate mentioned we are reluctant to do so.
31. We commend this Committee on their excellent effort.
32. We agree with the factors presented in this report.
33. We agree and recommend that the suggestion be referred to the Public Relations Committee.
34. & 35. We are of the opinion that these matters should be referred to the Committee on Ethics and the Council on Dental Education.
36. We congratulate the President and Secretary on their contribution to the deliberations in the formation of the N.D.E.B.
37. We wish the N.D.E.B. success.
38. & 39. Noted.

PRESIDENT

40. A plan is being implemented in at least some localities, whereby a voluntary panel of dentists will be available for emergencies on week-ends and holidays. This policy might well be considered in other communities.
41. It is understood that figures presented for the four Western Provinces were arrived at during the recent conference, and that the figures for the remaining provinces were obtained from other competent authority.
- 42.—43. Noted with interest.
44. & 45. We agree and recommend that the need for increased personnel is urgent and that this Association should make representations to the proper Federal and Provincial authorities.
46. We heartily agree.
47. & 48. Commendable observation.

We pay tribute to the President for a job well done: His has been a long term of office (over 15 months). He has discharged his duties with dignity and despatch. May we say — *Merci et bon sante*.

We recommend the adoption of the Report of the President as amended.

APPROVED

NECROLOGY

MEMBERS OF THE NECROLOGY COMMITTEE: Don W. Gullett, Chairman, Toronto, Ont.; Emery C. Jones, Vancouver, B.C.; R. A. Rooney, Edmonton, Alta.; L. J. D. Fasken, Regina, Sask; J. F. Morrison, Winnipeg, Man.; Denis Forest, Montreal, P.Q.; S. K. Wetmore, St. John, N.B.; G. M. Dewis, Halifax, N.S.; Heath McIntyre, Charlottetown, P.E.I.; E. P. Kavanagh, St. John's, Nfld.

REPORT

Your Necrology Committee reports with regret the loss of the following members since the last meeting:

Aitken, Thomas Smith	- - - - -	Vancouver, B.C.
Banford, Hector Charles	- - - - -	New Westminster, B.C.
Bellanger, L. J. R.	- - - - -	Montreal, P.Q.
Benny, Lorne L.	- - - - -	Joliette, P.Q.
Braden, Gerald Horace	- - - - -	Hamilton, Ont.
Brennan, H.	- - - - -	La Malbaie, P.Q.
Britton, Garnet Percy	- - - - -	Guelph, Ont.
Campbell, Edward Cassidy	- - - - -	Saskatoon, Sask.
Chamberlain, Charles Hedgers	- - - - -	Scotland, Ont.
Churchill, Arthur, H.	- - - - -	Barrington Passage, N.S.
Clarke, Mason Jellyman	- - - - -	Belleville, Ont.
Colborne, Herbert	- - - - -	Toronto, Ont.
Cote, J. A.	- - - - -	Montreal, P.Q.
Coughlin, Leo Michael	- - - - -	Vancouver, B.C.
Coyne, Nelson Stanley	- - - - -	Toronto, Ont.
Crosby, Reginald Clifton	- - - - -	Halifax, N.S.
Cushing, Charles Richard	- - - - -	Timmins, Ont.
Demers, Philippe	- - - - -	Quebec City, P.Q.
Dubeau, Eudore	- - - - -	Montreal, P.Q.
Everett, George Wesley	- - - - -	Waterdown, Ont.
Fowler, George S.	- - - - -	Teeswater, Ont.
Frank, Reginald W.	- - - - -	Vancouver, B.C.
Fraser, Frederick E.	- - - - -	New Glasgow, N.S.
Gaboury, Emile	- - - - -	Ville Marie, P.Q.
Garesche, Arthur John	- - - - -	Victoria, B.C.
Gilbert, William James	- - - - -	Toronto, Ont.
Hamill, Isaac Lazarus	- - - - -	Toronto, Ont.
Hartman, Henry Nelson	- - - - -	Meaford, Ont.
Higley, Clarence Edward	- - - - -	Chatham, Ont.
Hill, Elmer James	- - - - -	Vancouver, B.C.

Holmes, Wendell Thomas	-	-	-	-	Toronto, Ont.
Hughes, Percy Cooper	-	-	-	-	Brandon, Man.
Irwin, George Byron	-	-	-	-	Mattawa, Ont.
Jeannotte, L. P.	-	-	-	-	Montreal, P.Q.
Jolicoeur, Alonzo	-	-	-	-	Beauceville, P.Q.
Jones, John Milton	-	-	-	-	Vancouver, B.C.
Kemp, Elmore Graham	-	-	-	-	Brighthouse, B.C.
Klopp, Hubert Fred	-	-	-	-	Elmira, Ont.
Lapointe, E. H.	-	-	-	-	Montreal, P.Q.
LaRoche, G.	-	-	-	-	Quebec City, P.Q.
LeBrun, Antonio	-	-	-	-	Coaticook, P.Q.
Lemieux, A. A.	-	-	-	-	Outremont, P.Q.
Lennox, Charles Oswell	-	-	-	-	New Toronto, Ont.
Lockridge, Stewart	-	-	-	-	Tamworth, Ont.
Lundy, John L.	-	-	-	-	Oliver, B.C.
MacDonald, George Harvey	-	-	-	-	Neepawa, Man.
Macneil, Donald Brendan	-	-	-	-	Halifax, N.S.
MacVicar, John Wilfred	-	-	-	-	Forest, Ont.
McInnis, Angus	-	-	-	-	Victoria, B.C.
Moore, Charles Hollis Pierce	-	-	-	-	Montreal, P.Q.
Mullin, Albert Ernest	-	-	-	-	Sarnia, Ont.
Munthe, Jens	-	-	-	-	Prince Rupert, B.C.
Musgrove, Robert George	-	-	-	-	The Pas, Man.
Nicholls, Morley Puncheon	-	-	-	-	Aylesford, N.S.
Parker, E. R.	-	-	-	-	Vancouver, B.C.
Peaker, Edwin Allan	-	-	-	-	Toronto, Ont.
Peaker, Oliver Alex	-	-	-	-	Brampton, Ont.
Pickering, Curtis William	-	-	-	-	Durham, Ont.
Raymond, Roland	-	-	-	-	Ste-Adele en Bas, P.Q.
Renton, John Elliott	-	-	-	-	Trenton, Ont.
Reny, Herve	-	-	-	-	St-Joseph de Beauce, P.Q.
Riggs, R. M.	-	-	-	-	Calgary, Alta.
Rosen, Jack	-	-	-	-	Montreal, P.Q.
Ross, Charles Moffat	-	-	-	-	Hamilton, Ont.
Ross, Roy G.	-	-	-	-	Calgary, Alta.
Ross, Walter Hall	-	-	-	-	Regina, Sask.
Roy, L. R.	-	-	-	-	Ste-Theérèse de Blainville, P.Q.
Sancton, F. Gordon	-	-	-	-	Saint John, N.B.
Schnarr, C. Nelson	-	-	-	-	Kenora, Ont.
Simmons, Everett Harder	-	-	-	-	Calgary, Alta.
Sirrs, George Armond	-	-	-	-	Newtonbrook, Ont.

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Stewart, Herbert Russell	-	-	-	-	Toronto, Ont.
Sylvestre, A.	-	-	-	-	Amos, P.Q.
Thompson, Thomas George	-	-	-	-	North Vancouver, B.C.
Walton-Ball, William Hamilton	-	-	-	-	Toronto, Ont.
Ward, Roy George	-	-	-	-	Toronto, Ont.
Warren, J. Edouard	-	-	-	-	Chicoutimi, P.Q.
Wilson, John Orr	-	-	-	-	Lakefield, Ont.
Wisse, William H.	-	-	-	-	Montreal, P.Q.
Wyper, William Aitken	-	-	-	-	Madoc, Ont.

REPORT

1. By custom, this report has come to consist of two main features: First, the presentation of some long term viewpoints for consideration in relationship to more immediate actions; secondly, comment on activities, particularly those items which do not appear in other reports presented at this meeting.

2. Standardization

One of the issues before the health professions is standardization of services. A professional earmark has been the existence of conditions within the profession whereby advancement depended upon excellence in service. Generally, it has followed that he who excelled in service also succeeded best in practice. Never was this principle perfect, but it has been recognized as just, and also perhaps the most important adjuvant in professional advancement. Enactment of health legislation in various countries and the adoption of voluntary insurance plans in our own country, together with the increasing number of various other forms of contracted health services, have tended to change this traditional relationship between the fee and the service. The trend in the last few years would appear to indicate that more and more standardization of payment for health services is to be anticipated. The foremost objective of a professional organization is to sustain and improve the quality of service. Thusly, arises a question of some concern — will standardization of bases of payment result in a standardized service? If this query be answered in the affirmative and there exists a good deal of evidence, not to the contrary, then consideration should be given seriously to ways and means of sustaining professional principles related to service under such conditions.

3. Future Dental Health Services

The undulating nature of efforts, emanating from outside the professions, for changed arrangements in the rendering of dental health services results in a rise and fall of interest among dentists. The problem is a continuing one and has been the objective of the health professions since the beginning. Public interest has been of recent origin. Owing to the accentuated public demand of the times, the dental profession must continuously use all available means to present its views. Experience has shown that misunderstanding of the problem exists in the public mind and that explanation usually results in agreement. Dentists are largely responsible for the attitude of the public towards present dental services and can be the influencing factor in the development of future dental services.

4. Commercialism

Sad experience has taught that professionalism and commercialism do

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not mix well. Invariably professional standing is lowered if commercial methods are adopted. No reflection is meant on commerce. It is the introduction of commercial methods into professional activities which is dangerous. It has become apparent that there is need for vigilance on this point.

5. Dental Economics

(a) The initial report of the Canadian Sickness Survey as recently released by the Department of National Health and Welfare and the Bureau of Statistics establishes figures which will cause revision of some estimated figures that have been in use. Of monies paid, during the year of the Survey, by the public directly for health services, 8.8% were paid to dentists. (Monies paid to pre-payment plans not included.) It is estimated that 32.9 million dollars was paid to Canadian dentists. An important estimate stated is that only 27.6% of the population made payments of any kind for dental services, which is lower than has been stated for a considerable period. The importance of these figures and others given, as a result of this survey, lies in the fact that they will be used as a base of calculation for future dental health service plans. Even if doubt may exist in accepting the application of some figures produced in this and other surveys, refutation is difficult without other reliable statistical data. For example, with ease the deduction can be made from this survey, which is based on consumer expenditures for health services, that the average gross income of Canadian dentists was \$6,580 for the year 1950-51. More detailed information as to age and other factors is necessary in order to possess accurate data on this important point.

(b) The comparative figures issued yearly by the Department of National Revenue indicate need for study of the relative position of dentists. (See attached figures for years 1948 to 1951 — Appendix A.)

(c) As directed at the last Annual Meeting study of the methodology in making economic surveys of dental practice has been made. It would appear that there are two possible methods: (1) that the services of a qualified firm be engaged; (2) that the C.D.A. staff do the necessary work with the advice of those qualified in this activity. However, either way will fail without the cooperation of individual members of the profession. The value of surveys depends upon recognition of the method used (by authorities) and the percentage of returns received.

(d) By request of the Executive the above summary statements are made with request for direction.

6. Dental Personnel

Five thousand, two hundred and fifteen (5,215 dentists in Canada were reported as of January 1953, being a ratio of one dentist to 2,686 of the population. If this number be reduced to those dentists who are *actually* practising dentistry for the public, the estimated ratio is roughly one dentist to 3,000 of the population. In addition the Federal Health Survey indicates too large a

percentage of Canadian dentists over the age of 50 years, which, in turn, means an increased number of retirements and deaths for future years. At the same time an unfulfilled demand for dental services exists, with a rapidly increasing population.

7. Increased Teaching Facilities

For some years the Association has been endeavouring to point out the personnel situation to all authorities concerned. While little by way of concrete action can be reported to date, it can be said that the problem is now realized and being discussed in many important quarters. Recently, a conference was held of representatives of authorities concerned from the four Western Provinces, at which the President of this Association pointed out the urgency of the situation and factual data was presented by the Secretary. Work of a similar nature has been performed in other areas of the country. It would seem appropriate, due to the emergency nature of this matter, that a strong statement on the subject should emanate from this meeting.

8. Retirement Allowances

In conjunction with a number of other professional organizations, a determined effort was made to obtain tax deferment on pension contributions. The services of an eminent counsel were engaged and a detailed brief presented to the Minister of Finance with a suggested amendment to the Income Tax Act. The outcome was unsuccessful as no mention was made in the last federal budget. However, the committee is continuing the effort on a broader basis of inclusion for such allowances, and has determined to widen its effort geographically.

9. Administration

(a) Demands on Headquarters, since the last Annual Meeting, have been heavier than ever before. Regretfully, it has not been possible to meet all of them.

(b) Publications are vital to the Association but have become increasingly expensive. It has been necessary to curtail some publications for budgetary reasons. As reported by the Executive, changes have been made in the staff. These changes are being made gradually and will be completed early in 1954.

(c) Reports are presented elsewhere respecting visitations of international character. The increasing importance that international relationships are assuming is emphasized. This Association, through its membership in the International Dental Federation, is not only playing a part in dental affairs on a world-wide basis but is also making a contribution toward better understanding between nations.

(d) Wherever requested, all possible assistance has been given in solving dental problems. Such action is a prime function of the Association and we trust that the assistance provided has been beneficial. Since the last annual

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Appendix A.

CANADIAN TAXPAYERS BY OCCUPATION (As reported by Department of National Revenue)

For year 1948

Occupation (Arranged in Order of Average Income)	Number	Income			Tax		
		Aver- age In- come	Total In- come (In Mill- ions)	Per Cent of Grand Total	Aver- age Tax	Total Tax (In Mill- ions)	Per Cent of Grand Total
Lawyers	4,060	\$ 8,309	\$ 33.7	0.50%	\$1,963	\$ 8.0	1.23%
Medical Doctors and Surgeons	6,990	8,274	57.8	0.86	1,786	12.5	1.93
Engineers and Architects	1,200	7,455	9.0	0.13	1,554	1.9	0.29
Dentists	3,690	5,395	19.9	0.29	769	2.8	0.44
Investors	49,430	4,874	241.0	3.56	1,123	55.5	8.57
Sole Business Proprietors with Employees	85,970	4,352	374.2	5.53	674	58.0	8.95

For year 1949

Engineers and Architects	1,210	10,428	12.6	0.20	2,460	3.0	0.59
Lawyers	3,870	9,533	36.9	0.57	2,019	7.8	1.56
Medical Doctors and Surgeons	8,010	9,009	72.2	1.12	1,660	13.3	2.65
Dentists	2,920	5,748	16.8	0.26	681	2.0	0.40
Investors	43,120	5,719	246.6	3.83	1,013	43.7	8.72
Forestry Operators	650	5,295	3.4	0.05	728	0.5	0.09

For year 1950

Consulting Engineers and Architects	1,500	10,955	16.4	0.23	2,641	4.0	0.69
Medical Doctors and Surgeons	8,400	9,881	83.0	1.18	1,905	16.0	2.78
Lawyers	4,550	9,641	43.9	0.63	2,077	9.5	1.65
Dentists	3,570	6,202	22.1	0.31	769	2.8	0.49
Forestry Operators	1,250	6,021	7.5	0.11	1,181	1.5	0.26
Investors	45,400	5,823	264.4	3.76	1,259	48.1	8.37

*For year 1951

Lawyers	4,970	10,214	50.8	0.58	2,535	12.6	1.55
Medical Doctors and Surgeons	8,790	9,975	87.7	1.00	2,132	18.7	2.30
Consulting Engineers and Architects	2,030	9,628	19.6	0.22	2,453	5.0	0.62
Accountants	1,880	8,171	15.4	0.18	1,743	3.3	0.41
Dentists	3,790	6,287	23.8	0.27	859	3.2	0.40
Investors	47,830	6,244	298.6	3.41	1,357	64.9	7.99
Business Partners	45,740	5,689	260.2	2.97	1,022	46.7	5.75

* Last year available.

meeting the activities in this area of the work have increased over previous years.

10. Once again, I should like to pay tribute to all those who have made so many personal sacrifices in order that the work of the Association might progress.

COMMENT AND ACTION

1. What on the surface might appear to be a report of routine nature developed into one requiring great consideration for its depth of thought provoking ideas.

2. **Standardization**

The challenge of standardization of fees and services tending to produce deterioration of dentistry, is discussed, in its application to health legislation, voluntary insurance plans and various other forms of contracted health services.

We would suggest that this Board should be constantly aware of these trends and further that the matter be referred to the Committee on Ethics and to the Committee on Health Insurance Studies for their consideration as to its application to their particular fields.

3. **Future Dental Health Services**

A wise caution to dentistry and a most important factor in good public relations.

4. **Commercialism**

An excellent observation. We feel that there could properly be added the following:

“Differentiation should be made between proper economic principles in the dental office and commercial methods as applied to practice and the interests of the profession as a whole.”

5. **Dental Economics**

(a) & (b) The Secretary should be commended for his industry and in seeking out statistics such as are presented.

(c) That periodic surveys be conducted as suggested in method No. 2 — i.e. “That the C.D.A. staff do the necessary work with the advice of those qualified in this activity.”

6. & 7. **Dental Personnel**

Increased Dental Facilities

These two sections could be considered together and to implement their thoughts the following resolution is presented:

“Whereas a definite shortage of dental personnel exists in Canada,
and

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Whereas the present teaching facilities in Canada are inadequate to graduate adequate personnel to meet the need of the public for dental services, and

Whereas the responsibility for the provision of increased teaching facilities in dentistry rests upon university and government authorities, therefore be it

Resolved that this Association use all available means to further the securing of expansion of teaching facilities for the training of dentists and dental hygienists in order to provide adequate dental service to meet the need of the people."

8. The committee should be commended and encouraged to maintain positive action.

9. Informative.

It is doubtful if any activity of the Association does not have the "hall mark" of our capable Secretary. No one person can be an organization but it is given to a person at times to be the one who constantly inspires dreams, aspirations and activities of that organization. This person would be the first to acknowledge that without the loyalty and capabilities of the individuals in the organization, his efforts would be wasted.

Such is our Secretary.

It is recommended that the Report of the Secretary be approved with recommendations.

APPROVED

MEMBERS OF EXECUTIVE COMMITTEE: Gustave Ratté, Chairman, Quebec City, P.Q.; Harold M. Clines, Vancouver, B.C.; A. J. Coughlan, Saint John, N.B.; R. R. McIntyre, Calgary, Alta.; S. J. Phillips, Oshawa, Ont.

REPORT

1. The present Executive has been on duty for 17 months. For this reason three meetings were necessary. One immediately after the annual meeting in Vancouver, the second, the 12th, 13th, 14th of February and the last, June 8th and 9th. A resume of the deliberations follows herewith.

Re-Organization at the Head Office

2. A few months after the Vancouver meeting, the resignation of Dr. Harry Garvin as Editor of the Journal, and also the departure of Mr. Warren Finlay of the Secretarial Office, created the need for re-organization. The Committee on Publications, on the other hand, was trying to replace the Editor and contemplating to have the Editor's office at 234 St. George Street with the necessary assistance. All this plus our relations with the Royal College of Dental Surgeons of Ontario, a revision of the work done by each member of the staff, the present schedule of salaries and a schedule of salaries in harmony with the present trends and the financial possibilities of the Association, the advisability of having the Editor of the Journal at the headquarters and its relations to the administration, the need for more personnel were matters which required an immediate revision. The President requested the approval of the members of the Executive for the formation of a special Committee to make a little clearing around the situation.

3. Dr. Harvey Reid, Chairman, Dr. Percy Lowery, Dr. Vernon Fisk, Dr. P. G. Anderson, Chairman of the Publication Committee, and the Secretary, were members of the committee which named themselves "President's Ad Hoc Re-organisation Committee". After many long meetings and lengthy studies, the Committee reported to the Executive the following opinions.

(a) That it is advisable that the Editor of the Journal has an office at Headquarters and be able to observe closely the work of the Association and that he does not have any part in the administration.

(b) That the work at the Headquarters is the life blood of the Association and must be encouraged and nourished even at the expense of the curtailing of other activities.

(c) That the publication of a superior Journal is the best public relations project of the Association within the profession.

(d) That as far as the Committee can ascertain, the Board of the R.C.D.S. is quite happy with the present arrangement, re Secretary.

4. With those recommendations, the Committee presented a schedule of salaries and duties for members of the personnel. All those recommendations

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of the Committee were approved by the Executive and also the schedule of salaries which was made retroactive to January 1953. The benevolent work of this special Committee has rendered invaluable services to the Association and has saved many days of work to the Executive. The Members of the Executive have voiced their gratitude to the Chairman and the Members of this Committee and feel they are entitled to a note of gratitude from the Board of Governors.

National Examining Board

- 5. The Executive had the mission to bring to life and efficient functioning our National Dental Examining Board.
- 6. The Charter was obtained by enactment last year by the Federal Government, and the Provinces had approved the principles from which rules and regulations could be drafted. The Dental Council of Canada has also given to the C.D.A., an amount of approximately \$6,000.00 to defray the expenses of the organization, which amount was placed in a separate trust account with the thought in mind that the balance will be transferred to the National Dental Examining Board when in function.
- 7. The question of the headquarters of the N.D.E.B., was discussed with the decision that in the best interest of both the C.D.A. and the N.D.E.B., Headquarters should be established elsewhere than at the C.D.A. Headquarters.
- 8. Dr. George Cameron of Ottawa was kind enough to work in cooperation with the Secretary to draft rules, regulations, inscription formula, for the first meeting of the representatives of the Provinces to the National Dental Examining Board. Once again, our good friend Dr. George Cameron deserves our gratitude for giving his time so unselfishly.
- 9. A meeting of the representatives of the Provinces of the National Dental Examining Board was called for the 29th and 30th, June 1953.
- 10. Each province was represented, the President of the Canadian Dental Association, Dr. Gustave Ratté presided until the election of the officers of the National Dental Examining Board and then turned the chair over to the newly elected President: —

Officers: —	Dr. Howard Merkeley	-	-	-	President
	Dr. William Miller	-	-	-	Vice-President
	Dr. Harold Beach	-	-	-	Secretary

The Representatives on the Board are:

Reginald Ball	-	-	-	-	Newfoundland
Heath McIntyre	-	-	-	-	Prince Edward Island
Hugh Eaton	-	-	-	-	Nova Scotia
J. F. Edgecombe	-	-	-	-	New Brunswick
A. G. Racey	-	-	-	-	Quebec
R. J. Godfrey	-	-	-	-	Ontario
H. J. Merkeley	-	-	-	-	Manitoba

W. F. Hancock	- - - - -	Saskatchewan
H. R. MacLean	- - - - -	Alberta
Wm. Miller	- - - - -	British Columbia

Representatives of Council on Dental Education

- R. G. Ellis
- J. A. Fortier

11. The office of the Board is at the Secretary's office 150 Metcalfe Street, Ottawa. The new board is now on its own power and will be able to act effectively next Spring as a separate body.

Pension Trust Plan

12. At each Executive meeting the Pension Assurance Plan of the C.D.A. was discussed with Mr. E. L. R. Williamson, Administrator of the plan and the Trustees Dr. Percy Lowery and Dr. P. G. Anderson.

13. The plan started effectively with the Vancouver Meeting. It was favourably received by the profession but has been opposed by some other insurance companies and especially by insurance agents.

14. The granting of a license to operate in the Province of Quebec was delayed but finally obtained by Mr. Williamson last June.

15. During their visitation of the country, the President and the Secretary were able to hear all the objections and controversies coming from outside and inside the profession.

16. The members of the Executive are convinced that they are not sufficiently informed on insurance matters to answer all questions and to value the objections, and have requested the Secretary to obtain from the Wyatt Co., an analysis of the Pension Trust Plan of the C.D.A. The Wyatt Co. is a strictly independent actuarial firm which makes a business of financial analyses. This firm possesses an excellent reputation. (The Report of the Administrator is appended — Appendix II.)

Finances

17. A lengthy study of the finances of the Association was made by the Executive. Comparative tables of revenue and expenditures of other similar organizations were prepared by the Secretary and studied by the members. Each organization is in a different situation and comparisons are hardly possible. It is true that we cannot produce miracles with our present budget because 90% of it is already engaged for administration, meetings, publication, annual meeting, works of committee, etc. If we want to enlarge our activities, thought should be given to a raise in the contribution of the Provinces.

Income Taxes

18. (a) The Executive has agreed to the participation of the Association in a Joint Committee of National Organizations to secure deductions of annuity

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payments for Income Tax purposes. Our Secretary is our representative. Briefs were presented to the authorities at Ottawa by an attorney chosen by the Joint Committee. The subject was discussed in the House of Commons without favourable action. However, the Committee at a later meeting felt the rejection was faintly done, and it is the intention of the Committee to widen their activities throughout the provinces and make further presentation.

(b) Income Tax officials in some districts have been disallowing denture fees on accounts of patients submitted for deduction on Income Tax Returns. The Secretary had an interview with the Minister upon this subject. As a result the situation has been rectified.

The President and the Secretary Honoured

19. As you already know the President has received the Papal Medal "Bene Merenti" and the Association was requested by the Canadian Government to recommend one of its members to whom the coronation medal would be allotted. The Executive recommended with pleasure the Secretary of the Association, Dr. Don W. Gullett and the medal has been conferred on him.

Economic Survey

20. The conduct of an economic survey is not so simple as it looks, if we desire that the results give a true picture of the situation, the survey should be repeated every second, third or fifth year.

21. The Secretary was instructed to continue investigation in respect to the conduct of such a survey.

References from Annual Meeting

22. (a) Transaction 1952, page 19

(i) The Executive was requested by the Board of Governors to study the possibilities of having a group insurance plan for liability protection etc.

(ii) The Executive has studied a plan which was presented by the firm "Business Planning Associates". It was a group plan for the members of the profession covering fire, malpractice, robbery, water damages etc., this would have been a package arrangement which would not be broken down. This plan was considered and found unacceptable.

(b) Transaction 1952, page 37 - 2 (b)

The reference was in relation with the appointments of a comptroller of the finances. The following motion was adopted on the matter: —

"that the Executive recommend the suspension of the first sentence of the terms of reference of the Finance Committee and that the Chairman for a trial period, carry out as an individual, the duties assigned to the Committee." (See Report of By-laws Committee.)

Reports of Committees

23. Committee on Publications

(a) The Executive has approved allotment of a further sum up to \$2,000.00 to the budget of the Committee on Publications in order to meet the increased cost of publications and the re-arrangement of the Editor's office in Toronto.

(b) After the suggestion of the Committee on Publications, the Secretary was empowered to purchase suitable recognition for the retiring editors, Dr. Harry Garvin and Dr. T. R. Marshall.

Other Committees

24. Interim reports were presented by most every committee. Some of them were referred for further study, others will be presented in extenso at this meeting.

Federation Dentaire Internationale

25. The Secretary has presented a report on the F.D.I. congress in London where he was our official delegate, the report appears as Appendix I.

26. The Executive has approved the report on the Federation Dentaire Internationale as presented by the Secretary and has requested the Secretary to act as national treasurer for the same organization.

Annual Meetings

27. 1952 — An Analysis of the Vancouver Convention was presented by the Convention Committee with an audited statement of revenues and expenditures.

28. Each chairman of sub-committee has included his remarks on his section of the convention and has made constructive suggestions for the future. The Executive has congratulated the members of the Convention Committee of the C.D.A. in Vancouver for their very efficient work and their excellent final report. All future convention committees will be asked to present a similar report.

29. 1953 — In Montreal Dr. Bruce Ward, secretary of the Convention Committee presented a very excellent report of the Montreal Meeting. The Chairman is Dr. M. L. Donigan, the College of Dental Surgeons of the Province of Quebec under the Chairmanship of Dr. Johnston W. Abraham will take care of the entertainment section. On Tuesday afternoon, the Dental School of the University of Montreal will present at the school a full afternoon scientific program on the occasion of their 50th anniversary. The C.D.A. is very grateful to all those responsible for the program of this convention.

30. 1954 — St. Andrews, N.B. This meeting will be held in conjunction with the New Brunswick Association at the Algonquin Hotel at St. Andrew's-By-

EXECUTIVE

The Sea. Dr. James O'Brien of St. John has been appointed Convention Chairman.

31. 1955 — Toronto, Ontario. The Executive of the C.D.A. has accepted an invitation to meet with the Ontario Dental Association in Toronto, May 1955, and appreciate very much this kind offer.

32. 1956 — Banff, Alberta. The invitation of the Alberta Dental Association to hold the C.D.A. meeting in Banff, Alberta in 1956, was highly appreciated by the Executive of the C.D.A. and accepted gratefully.

Honorary Membership

33. (a) The Executive is happy to recommend to the Board of Governors for Honorary Membership, H. Parker Buchanan, Secretary of the British Dental Association, London, England, with two meritorious Canadian dentists — Arthur L. Walsh and Ernest Charron from Montreal.

(b) After detailed consideration of the question of resolutions emanating from various sources the Executive in the interests of efficient procedure passed the following resolution and submit the same for your approval.

“Resolved that although a nomination for honorary membership in the C.D.A. is the privilege of any member of the C.D.A., the said nomination must have the approval of the Corporate member concerned before presentation to the Board of Governors.”

Several Other Matters

34. (a) Commendation was given to an educational program submitted by the Canadian Dental Nurses Association.

(b) Approval was given to a certificate to be issued to winners of the War Memorial Award prizes.

(c) Details relating to the Annual Board of Governors Meeting were carefully considered and approved.

(d) The Executive refused approval for the publication of a new directory at least, until a less costly method can be found. In view of the demand for a directory this action is regretted.

Annual Meeting

35. The annual meeting of the Association will take place Monday the 19th October at 1:15 P.M. Dr. Harvey W. Reid has been appointed installing officer.

As Chairman of the Executive Committee I want to bring to your attention the fact that we had five days of hard work on two different occasions, and that the members have attended religiously each session, bringing an intelligent and constructive thought to every small or serious problem. I have only one thing to complain about they have not given me enough trouble.

To all of them, to our devoted Secretary and to the office personnel, I wish to express my sincere gratitude.

SUPPLEMENTARY REPORT

In the main body of the Annual Report of the Executive mention is made that The Wyatt Company was requested to make a critical study of the C.D.A. Pension Assurance Plan and its operation to date. The Executive met on Wednesday morning, October 14th in order to study this report, together with comments on the report by the administrator and statements made to the Secretary through personal interview with the officials of The Wyatt Co. The Trustees of the plan attended this meeting.

In summary the result of this investigation may be stated as follows: —

1. The C.D.A. Pension Assurance Plan is highly commended in keeping with previous reports from other actuarial firms made at the request of the Executive.
2. The rates are stated to be lower for the same benefits than can be obtained elsewhere by individual dentists as far as can be found.
3. It is shown that the basic actuarial rates are the same as used in all other plans and the lower premium rates are the result of low administrative charges and no agency commissions. (2.6%)
4. The policies are stated to be free from danger clauses.
5. No question arises respecting the security of the policies, each policy issued being an individual contract is a distinct advantage to the individual.
6. The Association is advised to make certain of the retention of the plan because it is so advantageous for its members.
7. It is pointed out that the success of the plan depends upon the cooperation and support of the Association.
8. Certain recommendations are made in respect to the operation of the plan. These may be summarized in saying that the methods should be on a high ethical plane in keeping with professional action rather than attempting to copy ordinary methods of selling insurance.

After due consideration the Executive presents the following observations:

1. This report confirms and sustains without reservation, the position taken by the Association in endorsing the Plan.
2. The advantageous rates for the benefits offered are confirmed.
3. Additional endorsment is given that the Plan is most advantageous for the members of the Association.
4. In our opinion the company making this report is one of the most reliable independent firms of this nature on the continent.
5. Strong advice is given that the Association more actively support the Plan for the benefit of its members. In the opinion of the Executive study should be given to this point.

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6. The value of individual policies, as issued under the Plan, are proven to be distinctly more advantageous than policies written under group insurance plans.
7. Whereas the Report of The Wyatt Co. on the C.D.A. Pension Assurance Plan has confirmed earlier findings and
Whereas this Plan has been favourably received by the members of the Association and
Whereas the Plan has been shown to possess real advantages for members, be it resolved
That the Executive give study to ways and means of cooperation in bringing the advantages to the members of the Association, provided that action be taken on a professional level.

Appendix I

REPORT ON FEDERATION DENTAIRE INTERNATIONALE

1. The F.D.I. Congress was held in London July 19th-26th 1952 at which there were registered 4,356 dentists representing 76 countries. From beginning to end the Congress was truly international in every aspect. Undoubtedly the London Congress was the most successful international meeting of dentists ever held. Credit for the success of the Congress is entirely due to the outstanding work of the London Committee in organizing the meeting. A full report of the Congress has already been published in the Journal.
2. The Federation Dentaire Internationale is affiliated with the World Health Organization and advises that body on matters relating to dentistry. W.H.O. is made up of government appointed delegates who are usually members of the health departments of the various governments. Affiliated organizations, such as F.D.I. are entitled to send Official Observers to the meetings of WHO for the purposes of consultation. During recent years several world organizations in the health field have been organized. It is notable that F.D.I. is by far the oldest of the group, with the exception of the Red Cross, having been organized in the year 1900. With the exception of the war years, regular meetings have been held up to the present date.
3. Congresses of the F.D.I. are held every five years. The General Assembly, which is made up of the official representatives of the various countries, meets annually. The General Assembly conducts the business of the F.D.I. and corresponds to the C.D.A. Board of Governors.
4. During the Congress at London two full day meetings of the Assembly were held — one previous to the Congress and one immediately following. The main business of the Assembly was the ratification of the new constitution. These articles and regulations were the result of several years work by a special committee set up for the purpose.

5. Quite probably it would be well to explain the necessity for the adoption of a new constitution. Since foundation in 1900 the F.D.I. was mainly supported financially by idealists who saw great possibilities in a representative world dental organization. These idealists were European dentists together with a very few dentists of United States who very freely supported the organization by at times, large personal contributions. The first world war reduced the number of these dentists in Europe who were financially able to support so generously and the second world war left practically none who could afford to do so. All of which meant that if the organization were to survive reorganization was compulsory.
6. Mainly two sections of the new constitution are of importance and should be understood by the Executive. First is the article in respect to membership. Article 5 reads as follows:

Article 5. The Federation shall consist exclusively of National Dental Associations. The title and qualifications of active Member Associations can only be granted and recognized in the case of National associations of Dental practitioners holding in their country a legal status. The representation of Member Associations in the Federation shall be made on a National basis. They shall be recognized or admitted as active Member Associations:

- a) Those National Dental Associations or National Dental Societies being incorporated in the Federation at the date of adoption of the present Articles (see annexed list herewith) shall be considered as rightful members unless a contrary decision has been given by means of a five month's notice after validation of these present Articles. After a period of five months they must submit themselves to the formalities provided by the sub-heading b). They must, however, send a declaration of their composition under legal form, valid in their respective country.

In addition provision is made for a type of membership known as Supporting Members:

“Supporting Members”

- e) Only the National Associations or Committees which are Member Associations of the Federation shall have the right to enrol individual practitioners as Supporting Members of the Federation.
7. Secondly is the matter of financial support. Articles 6 and 7. -a) of the Regulations read as follows:

Subscriptions

Article 6.-a) Any National Member Association and Corresponding Member of the Federation or any National Committee formed

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according to Art. 10 of the Articles are subject to and responsible for the payment of subscriptions, as stated in Art. 7 a) of the present Regulations with the reservation of Art. 10 d) of the Articles.

- b) Member Associations and Corresponding Members are authorized by the Federation to collect, if they so desire, annual subscriptions from practitioners who shall be termed Supporting Members. This annual subscription shall be £1. — or £1. plus the annual subscription to the "International Dental Journal". These contributions shall be collected by a National Treasurer to be appointed by the National Association or Committee and shall be transmitted to the Treasurer of the Federation. The names and addresses of Supporting Members shall be published in the "International Dental Journal" if they are communicated to the Secretary not later than 31st of January of each year.
- c) The amount of the annual subscription shall be based on the value of the Pound Sterling as quoted on the international market on 26th July, 1952.

Amount of the Subscriptions

- Article 7. a) The minimum subscription is of £15.— for a group of less than 300 members. Above 300 members, the amount of the subscription shall be based on a progressive scale of £5.— per group of 100 members affiliated to the Association, up to 30,000 Members. Any Association counting more than 30,000 affiliated members shall pay a maximum of £1,500.—
- 8. The real difficulty in operating a world organization is a financial one. A plea is made to secure supporting members, not only as a basis of securing additional financial support but to gain increased individual interest in the organization.
 - 9. The Journal of the F.D.I. is a worthwhile publication known as the International Dental Journal. The publishing of this Journal was undertaken by a British publishing firm with a splendid editorial board. This firm has been losing financially with the project and unless more subscribers can be found will not continue. The enlistment of subscribers is requested.
 - 10. At the London Meeting Dr. Watry of Brussels, Belgium retired as General Secretary and he was succeeded by Dr. G. H. Leatherman of London. Dr. Oren Oliver of Nashville, Tennessee was elected President.
 - 11. The Annual Meeting for 1953 will be held at Oslo, Norway in July. The next Congress will be at Rome in 1957.
 - 12. It was a real privilege to attend the Congress and F.D.I. meetings. The gathering together of such a large number of representatives of the profes-

sion from so many countries, who were all keenly interested in the advancement of dentistry, was inspirational.

Appendix II

REPORT OF THE ADMINISTRATOR TO THE TRUSTEES

1. In accordance with your instructions, the following has been prepared for the information of the Board of Governors at their first meeting since the initiation of the Canadian Dental Association's Life-time Economic Security Plan at the Golden Jubilee Convention in Vancouver, June, 1952:

2. The first fifteen months' operation have completely confirmed in repeated practical examples at all ages the original findings of the C.D.A. Insurance Committee and the reports of the Consulting Actuaries who examined the Plan before its adoption:

- i. The Benefits available under the C.D.A. Plan cannot be duplicated under any other plan or combination of plans at any price.
- ii. Where the Benefits can be compared, the premium rates are the lowest in North America.

3. From the excitement which the introduction of the C.D.A. Plan has caused in insurance circles, and the violence of the efforts engendered to combat it, it will be obvious that if an equal or better plan, or combination of plans could have been found, it would have been brought forward during this time.

4. The description of the efforts being directed against the C.D.A. Plan is used advisedly: At least two groups of companies are known to have combined in nation-wide campaigns, and in a number of instances, individual agents have gone to the lengths of falsification of data and misrepresentation of contracts to Members of the Canadian Dental Association. These activities reached such a level a few weeks ago that in response to vigorous representations, one of the companies was required to issue a general warning to their agents. This has been seen and is on file.

5. These activities have, however, served to confuse many individual dentists, and in a number of instances, contracts have been entered into which are very substantially inferior to the C.D.A. Plan through limitations and restrictions of which the dentist was quite unaware. The result has been that a number of members of the C.D.A. have not received protection adequate to their needs, and that they have paid higher premiums in proportion to the coverage given despite the Association's efforts.

6. The C.D.A. Plan has, nonetheless, still maintained its position of having undertaken more Assurance in the period of its operation than any other ever initiated in Canada. A fact the more remarkable in that the figures relate to a single profession and have been attained without branch offices and commission agents. The following figures are indicative:

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i. Premiums Received:	\$ 79,363.23
ii. Coverage Given:	
a. Principal Sums Assured:	1,140,378.00
b. Total Commuted Value of Family Income	981,172.00
c. Annual Pensions Payable on Maturity	69,910.00
d. Cash Options in lieu of Pensions:	961,285.00
e. Monthly Disability Indemnity:	15,200.00
f. Total Immediate Disability Risk:	4,912,640.00
iii. Total Immediate Risk:	
(Items a, b, e and f)	7,995,475.00
iv. Benefits Paid out:	1,410.75

7. During the past year, the scope of the C.D.A. Plan and its value to the Members has been enhanced by the action of the National Executive in approving the introduction of Children's Educational contracts, and the availability of all standard forms of life assurance to the members of a dentist's immediate family.

8. Every phase of personal assurance protection thus can be provided under the C.D.A. Plan, and all at an economy of premium rate and scale of benefits which have been repeatedly demonstrated to be unequalled in North America.

9. It must be reiterated, however, that these very low rates can be provided only on the basis of operating without agents and branch offices. The Members of the C.D.A. must in some way be assured that the distinguished actuaries who have passed judgment on the Plan are expressing more informed opinions than those of an agent whose qualifications in comparison with those of an actuary are, to say the least, negligible.

10. The Canadian Dental Association has pioneered amongst professional men a measure which is essential to the safety and well-being—the 'economic security'—of the dentist and his family. In the long run, it is essential also to the freedom of the profession from outside interference, and to sustaining the flow of new entrants into the profession.

11. When group pensions were introduced into business and industry some years ago, they were opposed by vested interests in the same manner that the C.D.A.'s Plan now is combatted. Pensions and Assurance now are indispensable to the conduct of all large businesses in Canada.

12. Similarly, the C.D.A. Plan will be found in the future an indispensable adjunct to the successful practice of Dentistry. The essential problem now lies in securing the understanding and cooperation of the Members. The assistance of the Executive and the Board of Governors to this end is essential and earnestly requested.

Respectfully submitted,

E. L. R. Williamson,
Administrator.

P. G. Anderson, Esq., D.D.S., F.A.C.D.— Trustee

R. P. Lowery, Esq., D.D.S., F.A.C.D.— Trustee.

COMMENT AND ACTION

Many of the statements contained in this report are purely statements of fact and as such are not in need of any direct comment from this reference committee, although each statement has been thoroughly studied and its content appreciated.

- 1.— 3. We note the happy relations that exist between the R.C.D.S. of Ontario and the C.D.A. in this matter.
4. We heartily endorse the gratitude expressed by the Executive towards the Special Committee.
- 5.— 8. We concur and express our own appreciation to Dr. Cameron and Dr. Gullett for their efforts and achievements in respect to the N.D.E.B.
- 9.— 11. We wish to express satisfaction with the steps taken to successfully launch the National Dental Examining Board.
- 12.— 16. See Comments on Supplementary Report.
17. Comments will be offered in Report on Finance Report.
18. (a) We recommend that the Executive give further study to this matter in the light of possible public relations aspect.
(b) We commend the Secretary on his successful mission.
19. We extend our congratulations to the President and the Secretary on their well-deserved awards.
- 20.—21. Agree with continuation of investigation.
22. (a) We agree.
(b) We agree with this tentative arrangement.
23. (a) We agree.
(b) In view of the splendid contribution to the Journal and to the profession by these two editors we heartily agree.
24. No comment.
25. We commend the Secretary for his excellent report.
- 26.— 27. Agreed.

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28. We commend the Vancouver Convention Committee for their excellent work which is of great value to future convention committees.
29. We wish to draw the attention of the Special Resolutions Committee to the 50th Anniversary of the Montreal University Dental Faculty. We commend the efforts of those responsible for the program of the 1953 Convention.
30. — 32. We recommend that the exact date be set as soon as possible and that Corporate Members be informed of this fact and in turn be invited to inform their local societies so that no conflicting events occur.
33. (a) We heartily approve these recommendations.
(b) Agreed.
34. We commend the Executive for their actions.
We commend the Executive for their hard work and achievement during their term of office.

RESOLVED; That the operation of the Dental Services Committee be suspended and the duties of the Committee be undertaken by the Executive until such time as need may arise for re-appointment.

. After having analysed the Supplementary Report of the Executive dealing with the C.D.A. Pension Assurance Plan as based on the Wyatt Report, and the Report of the Administrator to the Trustees (Appendix II), we recommend:

1. That the Board of Governors actively support the Plan for the benefit of the dental profession of Canada.
2. That the Executive study ways and means of bringing the advantages of the Plan to its members.
3. It is suggested at this time that the Secretary be asked to give an outline of the advantages offered by this assurance plan.
4. It is also suggested that provincial legal bodies be urged to appoint a committee to become well informed, in order to devise ways and means of presenting the advantages of this Plan to their members.
5. That the C.D.A. Journal allocate some space, monthly if possible, in order to promote and publicize the advantages of this Plan.
- ..6. It is also suggested that literature and informative material be presented to the undergraduates of the dental faculties of Canada and their parents.

We recommend the adoption of both the main and supplementary reports of the Executive.

APPROVED

MEMBERS OF FINANCE COMMITTEE: S. J. Phillips, Chairman, Oshawa, Ont.; A. J. Coughlan, Saint John, N.B.; H. B. Powell, Calgary, Alta.; K. M. Johnson, Winnipeg, Man.; R. S. Edmison, Montreal, P.Q.

REPORT

1. The members of the Finance Committee, as you are probably aware, meet by correspondence during the year and presented reports with recommendations to the Executive Meetings of February and June last.

2. In the 1952 report of the Finance Committee, to the Canadian Dental Association, it was agreed and recommended that all administrative expenses should be settled by the Executive Committee within the budget and as a matter of future policy the duties of the Finance Committee are to recommend to the Executive Committee ways and means of adjusting our budget and to act as an advisory body to the Executive Committee.

3. At Vancouver in 1952, the Board of Governors recommended study and report in reference to the following recommendations.

- A. That thought be given by the Executive to the appointment of a permanent Comptroller.
- B. That the terms of reference of the Finance Committee be referred to the By-laws Committee for desired revision and elucidation of the terms of reference.
(In respect to A and B, the Executive is making recommendation with which we concur.)
- C. Classification by priority of the work of each Committee.
(This point is dealt with later in this report.)
- D. Make a study of the possibilities of obtaining funds from outside sources.

After study of this matter it is our opinion that funds from outside sources can only be obtained for worth-while special projects and then only if the Association exhibits interest by sharing in the expenditure.

- E. That the Executive Committee study as to priority in budget the top committees of budget.
(Considered later in this report.)

In compliance with a request of the Executive, the secretary prepared a study of C.D.A., finances which has been studied by the Executive.

Vancouver Meeting 1952

4. The Vancouver Committee is to be congratulated on the financial success of the 1952 Meeting. We favour the policy of holding conventions in all parts of Canada, unless local conditions make it prohibitive from a cost standpoint. The British Columbia Dental Association deserves not only our congratula-

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tions but our thanks as well. A letter of thanks has been sent to the British Columbia Association.

Revenue

5. On every hand, we find expenses increasing and we have a fixed income and, whether we like it or not, we must face this situation. It is therefore, our opinion that we must expect to increase our fee of \$15.00 per member to \$25.00 per member, at the earliest possible date. Every dentist in Canada would benefit greatly by such an increase. We also think that the majority of dentists in our Association would approve such a move. Until that is done, expenses must be cut to the limits of our available funds.

Recommendations As To Policy For Economy

6. Considerable study has been given to ways and means of reducing budgetary expenditure items in keeping with available revenue. At the same time, new demands for worthwhile projects have been presented and regretfully set aside due to lack of funds. Among suggestions made by members of the Committee were some of a drastic nature such as the following.

- (A) That as an economy measure, the Executive give consideration to a change of policy in regard to conventions and hold two conventions in three years or every other year.
- (B) That the Journal of the Canadian Dental Association be published every other month.
- (C) That the fees of \$15.00 per member be raised to \$25.00 per member.

Reserve Funds

7. Your attention is drawn to the following points:

- (A) The capital account of the Association is still inadequate to withstand more than a very minor demand upon it to meet any emergency.
- (B) The present annual appropriation of about \$1500. for capital accounts should be greatly increased if the welfare of the Association is to be properly safeguarded within a reasonable length of time.
- (C) We are in favour of adhering to our policy of placing a percentage of our revenue in our Reserve Fund and that whether we must budget for a deficit or not.
- (D) We concur in the placing of the interest of the Bonds in the General Fund to help to reduce our deficit.

Publications

8. Dr. Garvin has rendered a marvelous service to the Association in his many years as Editor of the Journal. Many have not been close enough to see so many of the sacrifices that he has made and perhaps do not appreciate all he

has done. We feel that he can retire happy in the knowledge of rich accomplishment. Every member of the profession has benefitted by his efforts. He has always aimed to keep the standard of Canadian Journalism high in the eyes of the world.

At the time the Journal was started the Board of Governors considered the Journal to be on a very high priority list and were willing to devote 50% of their total income to its publication. It should still rank very high, as it not only has much to do with the development of the profession in Canada but Canadian Dentistry is represented abroad by our official Journal.

Administration

9. The situation in regard to our staff and necessary increase of their salaries was placed in the hands of a special committee appointed by the President, and the Executive acted on the recommendations and we concur most heartily.

We do know that we have a faithful, efficient group of persons who make up the Headquarters Staff, who take a real interest in their work and are responsible for the efficiencies of Headquarters. With this in mind, we felt it wise that they should be well taken care of or at least not asked to remain in our employ at a sacrifice to themselves and for the love of the Canadian Dental Association. It is regrettable that we have lost the services of Mr. Warren Finlay after a period of two years. He was becoming trained and useful to our Association. Today, a young man taking a position is interested in knowing what the future holds and the security it offers. We must expect to be able to offer both, if we wish to retain the services of the best type of personnel to fill the several positions on our staff.

Dr. Don W. Gullett

10. The members of the Finance Committee want to go on record in expressing their appreciation to our Secretary. Where would we go and what would we have to pay to get a man of the calibre and ability of Dr. Gullett. He is a fine executive, experienced and capable. It would be most difficult to get a man of the right type with comparative executive ability, references and in the best age range. So we feel that too great a burden must not be placed on his shoulders in the form of too many positions within the Association and too much detail.

We recommend that consideration be given to the appointment of a full time secretary, which suggests a review of this situation with the Royal College of Dental Surgeons of Ontario.

Bonds

11. As Appendix "A" at the end of this report will be found a statement of bonds held by this Association.

Policy

12. When the Executive Committee reviewed the report of the Finance Committee in February, they defined priority for 1953. The administration was named first and followed by publications. At the same time, they pointed out

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that in one year a certain committee would have top priority, but did not necessary follow that this same committee would have top priority in another year.

We desire to emphasize that a large proportion of the work of the Association is carried on during the year through committees. These committees year after year produce for the annual meeting reports representing real progress in Canadian dentistry. Every Committee is carrying on with minimum expense and many of these are deserving of much greater financial support. The Executive face most difficult decisions in refusing to grant financial support for admirable projects presented by committees — projects which it is known would be beneficial to the profession.

1952 Deficit

13. The Auditor's Financial Statement for 1952 appears as Appendix "B" of this report.

As an explanation of the deficit of \$8635.88 which occurred at the end of 1952, there are three items, mainly, which account for more than the amount of this deficit. First, there was the fact that 1951 Annual Meeting occurred in the fall, and we were unable to pay part of the expense incurred until early in the year 1952. These expenses were budgeted for in the year of 1951, but, as the bills were not in, we could not pay them until 1952. With the annual meeting being held at different times during the year, we will always have circumstances such as this. It will occur again this year because the annual meeting is held in October. Expenses for the annual meeting during 1953 will be rather light but they will have to be paid probably early in 1954. For budgeting purposes, it is necessary to budget out of each year's income in order to cover this regular expense. This results in one year not having spent all of the amount budgeted, while probably in the following year we over-spend the amount, we see no way of avoiding this circumstance.

Secondly, we purchased and paid for approximately \$2,000. worth of office equipment. This is a capital expenditure. We have always purchased office equipment out of surpluses which is common practice in business. Otherwise, we would have to take money out of our capital reserve fund when we needed new equipment. This amount appears in the deficit for the year, but in reality is not a deficit because it becomes part of our assets.

Thirdly, the unusual expenses involved in the 50th Anniversary Meeting at Vancouver amounted to much more than the balance of the deficit after the above two items are subtracted.

The \$1600. expenditure for the filmstrip was agreed to by the Executive and is included in the \$1700.25 spent by the Public Relations Committee and accounts for this committee over-spending its budget allowance in 1952.

In respect to the Health Insurance Studies Committee, there were two meetings held during 1952, one in March and one in November. The expenses in connection with these two meetings amounted to more than the \$600. allotted in the budget, but it was felt by the Chairman that both meetings were neces-

sary. In the Auditor's statement all expenses in connection with publishing are charged under item — pamphlets and reports. In setting up the budget we separate these expenses and charge them to each committee concerned. We feel that this gives a true picture of what each committee is spending. The Health Insurance Studies Committee published a pamphlet or two and distributed the same which accounts for the total amount of \$1316.21.

Of course pamphlets and reports which are not directly chargeable to some committee appear under that item in the budget. We said above, that all publishing costs were charged in this way, but of course, the Journal is entirely separate.

There are several items in the 1953 budget which it is our hope will not be spent up to the amounts named. This has generally been true in the past respecting the amounts allotted to the various committees when totalled.

Budget for 1954

14. We now come to the 1954 Budget which has been approved by the Executive and is presented for adoption (See appendix C).

The budget is presented with certain explanatory comments on the various items.

In conclusion, I would like to thank and congratulate the members of my Committee for all their fine suggestions and recommendations concerning the finances of our Association.

We respectfully submit this report and recommend that it be adopted.

Appendix A

GOVERNMENT AND GOVERNMENT GUARANTEED BONDS

	Par Value	Amount Paid
Government of Canada		
3% Oct. 1, 1959/63	\$16,000.00	\$16,000.00
3% " 1, 1959/63 (War Mem.)	7,500.00	7,875.00
3% " 1, /63	1,000.00	941.25
3% Sept. 1, 1961/66	2,500.00	2,621.87
3% " 1, 1966 (Grieve Mem.)	3,500.00	3,408.13
3% " 1, 1966 (Grieve Mem.)	1,000.00	935.00
Province of Ontario		
4% Dec. 15, 1961	3,000.00	3,000.00
Province of Quebec		
3% Oct. 1, 1963	500.00	500.00
3% Oct. 1, 1963	1,000.00	925.00
4% April 15, 1966	1,000.00	995.00
Province of British Columbia		
3% June 15, 1964	500.00	491.25
Province of Ontario		
3% Apr. 15, 1965	1,000.00	997.50

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Province of Manitoba		
3% Feb. 15, 1967	1,000.00	993.75
Province of Nova Scotia		
3% Dec. 15, 1967	1,000.00	890.00
Province of Prince Edward Island		
4 1/4% Dec. 1, 1967	1,000.00	993.75
Hydro-Electric Power Commission of Ontario (Guaranteed by Prov.)		
4 1/4% Nov. 1, 1964/67 (Grieve Mem.)	1,000.00	1,005.00
3% Jan. 15, 1968	1,000.00	986.00
4 1/4% July 15, 1969	2,000.00	1,985.00
3% Apr. 1, 1968/70	500.00	498.83
As of September 1st, 1953.	<u>\$46,000.00</u>	<u>\$46,042.33</u>

Appendix B.

January 28, 1953.

Dr. G. Ratte, President,
Canadian Dental Association,
Toronto, Ontario.

Dear Sir: —

We have audited the accounts of the CANADIAN DENTAL ASSOCIATION for the year ended December 31, 1952, and submit herewith the following statements:

Balance Sheet	Page 2
Auditors' Report	" 3
Statements of Revenue and Expentiuere:	
General	" 4
Housing Fund	" 5
Dental Research Fund	" 5
War Memorial Award Fund	" 6
Council on Dental Education Fund	" 6
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Statements of Receipts and Disbursements:	
General	" 9
Housing Fund	" 10
Dental Research Fund	" 11
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Council on Dental Education Fund	" 12
The Grieve Memorial Lectureship Fund	" 13
Library Trust Fund	" 13
Reserve Fund	" 14

Respectfully submitted,

THORNE, MULHOLLAND, HOWSON & McPHERSON
Chartered Accountants

BALANCE SHEET

December 31, 1952

Assets

General Account:

Cash on hand and in bank	\$ 4,027.87	
Prepaid expenses and accrued revenue	1,779.79	
Office furniture and fixtures	\$ 8,167.95	
Less Reserve for depreciation	2,752.73	5,415.22
		11,222.88

Housing Fund:

Cash on hand and in bank	12,689.59	
Prepaid insurance	309.13	
Land, 234 St. George Street, Toronto	5,100.00	
Building, 234 St. George Street, Toronto	66,937.56	
Less Reserve for depreciation	3,265.80	63,671.76
Furnishings and equipment	10,300.97	
Less Reserve for depreciation	2,050.20	8,250.77
		90,021.25

Dental Research Fund:

Cash in bank		9,451.98
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Dental Research Committee:

Cash in bank		411.79
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War Memorial Award Fund:

Cash in bank	499.90	
Government of Canada 3% bonds at cost (market value \$7,031.25)	7,875.00	
Interest accrued on bonds	56.25	8,431.15

Council on Dental Education:

Cash in bank		1,400.89
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The Grieve Memorial Lectureship Fund:

Cash in bank	22.80	
Government of Canada 3% bonds at cost (market value \$5,213.13)	5,348.13	
Interest accrued on bonds	52.08	5,423.01

Library Trust Fund:

Cash in bank	3,334.45	
Books	2,418.39	
Less Reserve for depreciation	727.84	1,690.55
		5,025.00

Reserve Fund:

Cash in bank	1,204.87	
Loan receivable from housing fund	15,000.00	
Dominion, Provincial and Provincial guaranteed bonds at cost (market value \$28,039.38)	29,839.12	
Accrued interest on bonds	224.19	46,268.18

\$177,656.13

FINANCE

BALANCE SHEET

December 31, 1952

Liabilities

General Account

Accounts payable		18.90	
Surplus:			
Balance, December 31, 1951	\$19,839.86		
Less Deficit for year 1952	8,635.88	11,203.98	11,222.88
Housing Fund:			
Loan payable to reserve fund		15,000.00	
Mortgage payable		7,750.00	
Interest accrued on mortgage		96.88	
Surplus:			
Balance, December 31, 1951	62,758.88		
Grants	5,445.00		
	68,203.88		
Less Deficit from building operating for 1952.	1,029.51	67,174.37	90,021.25
Dental Research Fund:			
Surplus, December 31, 1951		9,357.23	
Surplus for year 1952		94.75	9,451.98
Dental Research Committee:			
Surplus, December 31, 1952		440.49	
Less Deficit for year 1952		28.70	411.79
War Memorial Award Fund:			
Surplus, December 31, 1951		8,403.89	
Surplus for year 1952		27.26	8,431.15
Council on Dental Education:			
Surplus, December 31, 1951		337.49	
Surplus for year 1952		1,063.40	1,400.89
The Grieve Memorial Lectureship Fund:			
Surplus, December 31, 1951		4,046.12	
Surplus for year 1952		1,376.89	5,423.01
Library Trust Fund:			
Accounts payable		7.75	
Surplus, December 31, 1951	3,591.70		
Surplus for year 1952	1,425.55	5,017.25	5,025.00
Reserve Fund:			
Surplus, December 31, 1951		41,734.07	
Surplus for the year 1952		4,534.11	46,268.18
			\$177,656.13

AUDITORS' REPORT

We have audited the accounts of the Canadian Dental Association for the year ended December 31, 1952, and report that, in our opinion, the accompanying balance sheet and related statements of revenue and expenditure and receipts and disbursements, fairly present the financial position of the Association as at December 31, 1952 and its financial transactions for the year then ended, exclusive of the accounts of the Committee on Publications, according to the best of our information and the explanations given us, and as shown by the books.

THORNE, MULHOLLAND, HOWSON & McPHERSON
Chartered Accountants

Canadian Dental Association STATEMENT OF REVENUE AND EXPENDITURE GENERAL

Year ended December 31, 1952

Revenue

Grants from Provincial Boards:		
British Columbia	8,190.00	
Alberta	4,770.00	
Saskatchewan	3,180.00	
Manitoba	3,645.00	
Ontario	32,955.00	
Quebec	17,265.00	
New Brunswick	1,500.00	
Nova Scotia	2,565.00	
Prince Edward Island	495.00	
Newfoundland	285.00	74,850.00
National conventions:		
1951	2,122.66	
1952	1,780.62	3,903.28
Transfer from reserve fund		795.00
Sale of pamphlets		172.87
Committee expense refund		36.06
Sundry revenue		96.00
		\$79,853.21

Expenditure

Grants:		
Committee on Publications	13,500.00	
Council on dental education	3,000.00	
Dental Research fund	2,000.00	
Federation Dentaire Internationale	500.00	19,000.00

FINANCE

Secretary's honorarium	3,999.96
Clerical assistance	11,937.42
Officers' pension plan	2,291.52
Unemployment insurance	141.72
Hospital insurance	203.20
Committee expenses (not including Committees receiving grants)	3,495.65
Officers' expenses	5,152.85
Board of governors meeting expenses	12,390.43
Legal and audit	515.00
Library expenses	810.38
Pamphlets and reports	12,902.98
Housing fund, rent	3,600.00
Translations	361.00
Stationery and office expense	3,483.82
Telephone and telegraph	454.98
Postage	2,224.38
Loss on disposal of office fixtures	207.00
Depreciation, office furniture and fixtures	816.80
Transfers to reserve fund	4,500.00
	88,489.09
Deficit for year, after giving effect to the above transfers to reserve fund	8,635.88
	\$79,853.21

Canadian Dental Association
HOUSING FUND
STATEMENT OF REVENUE AND EXPENDITURE

Year ended December 31, 1952

Revenue

Rentals	\$5,556.00
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Expendtiure

Mortgage interest	406.26
Repairs and maintenance	683.15
Taxes	671.93
Janitor	650.00
Heat	529.00
Gas and water	296.43
Light	343.14
Insurance	225.41
Audit	60.00
General expenses	16.65
Depreciation on buildings	1,673.44
Depreciation on furpishings and equipment	1,030.10

FINANCE

<i>Deficit for year</i>	6,585.51
	1,029.51

\$5,556.00

Note:

The above statement of revenue and expenditure covers building operating items only and does not include grants to this fund totalling \$5,445.00 which were credited directly to surplus.

DENTAL RESEARCH FUND

Statement of Revenue and Expenditure

Year ended December 31, 1952

Revenue

Grant, Canadian Dental Association, from general account	2,000.00
Transfer from Canadian Dental Research Foundation	499.57
Bank interest	48.37
	\$2,547.94

Expenditure

Studentships	2,400.00
General expense	23.19
Audit	30.00

2,453.19

<i>Surplus for year</i>	94.75
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\$2,547.94

Canadian Dental Association

WAR MEMORIAL AWARD FUND

Statement of Revenue and Expenditure

Year ended December 31, 1952

Revenue

Bond interest	\$ 225.00
Bank interest	2.26
	\$ 227.26

Expenditure

Essay awards	\$ 225.00
<i>Surplus for year</i>	27.26

\$ 227.26

FINANCE

Canadian Dental Association
COUNCIL ON DENTAL EDUCATION
Statement of Revenue and Expenditure

Year ended December 31, 1952

Revenue

Grants:		
Canadian Dental Association	\$ 3,000.00	
Kellogg Foundation	650.00	3,650.00
Bank interest		8.30
		\$3,658.30

Expenditure

Council meeting expenses	1,055.30
Expenses re survey of dental schools	1,539.60
	2,594.90
Surplus for year	1,063.40
	\$3,658.30

Canadian Dental Association
THE GRIEVE MEMORIAL LECTURESHIP FUND
Statement of Revenue and Expenditure

Year ended December 31, 1952

Revenue

Donations	\$1,376.33
Bond interest	115.14
Bank interest	5.32
	\$1,496.79

Expenditure

Lecture	105.00
Bank charges	14.90
	119.90
Surplus for Year	1,376.89
	\$1,496.79

LIBRARY TRUST FUND
Statement of Revenue and Expenditure
Year ended December 31, 1952

Revenue	
Donations	2,015.00
Bank interest	10.28
	\$2,025.28
Expenditure	
Binding books, journals, etc.	113.10
Depreciation on books	483.68
Bank charges	2.95
	599.73
<i>Surplus for year</i>	1,425.55
	\$2,025.28

Canadian Dental Association
STATEMENT OF REVENUE AND EXPENDITURE
RESERVE FUND

Year ended December 31, 1952

Revenue	
Interest on bonds	808.22
Bank interest	20.89
Transfers from general account	4,500.00
	\$5,329.11
Expenditure	
Transfer to general account re interest	795.00
Surplus for year	4,534.11
	\$5,329.11

Canadian Dental Association
STATEMENT OF RECEIPTS AND DISBURSEMENTS
GENERAL

Year ended December 31, 1952

Receipts	
Cash on hand and in bank, December 31, 1951	\$15,699.85
Grants from Provincial Boards:	
British Columbia	\$ 8,190.00
Alberta	4,770.00
Saskatchewan	3,180.00

FINANCE

Manitoba	3,645.00	
Ontario	32,955.00	
Quebec	17,265.00	
New Brunswick	1,500.00	
Nova Scotia	2,565.00	
Newfoundland	285.00	74,355.00
National conventions:		
1951	2,122.66	
1952	1,880.62	4,003.28
Transfer from reserve fund		795.00
Sale of office fixtures		69.00
Committee expense refund		36.06
Sale of pamphlets		172.87
Sundry receipts		96.00
		\$95,227.06

Disbursements

Grants:		
Committee on publications	13,500.00	
Council on dental education fund	3,000.00	
Dental research fund	2,000.00	
Federation Dentaire Internationale	500.00	19,000.00
Secretary's honorarium		3,999.96
Clerical assistance		11,937.42
Officers' pension plan		2,291.52
Unemployment insurance		96.72
Hospital insurance		220.60
Committee expenses (not including Committees receiving grants)		3,495.65
Officers' expenses		4,963.47
Board of Governors meeting expense		12,390.43
Library expenses		810.38
Legal and audit		515.00
Pamphlets and reports		13,039.33
Housing fund, rent		3,600.00
Translations		381.00
Stationery and office expense		3,628.79
Telephone and telegraph		454.98
Postage		2,912.79
Furniture and fixtures		2,961.15
Transfers to reserve fund		4,500.00
		91,199.19
Cash on hand and in bank, December 31, 1952		4,027.87
		\$95,227.06

Canadian Dental Association
HOUSING FUND
STATEMENT OF RECEIPTS AND DISBURSEMENTS
Year ended December 31, 1952

Receipts

Cash in bank, December 31, 1951		\$10,054.94
Grants:		
Alberta Dental Association	\$ 1,590.00	
College of Dental Surgeons of British Columbia	1,000.00	
Provincial Dental Board of Nova Scotia	855.00	
College of Dental Surgeons of the Province of Quebec	1,000.00	
College of Dental Surgeons of Saskatchewan	1,000.00	5,445.00
Rentals		5,556.00

\$21,055.94

Disbursements

Repairs and maintenance	683.15
Alterations to building	3,242.98
Furnishings and equipment	100.00
Mortgage principal	1,000.00
Mortgage interest	418.76
Taxes	671.93
Janitor	650.00
Heat	566.01
Gas and water	316.22
Light	373.65
Insurance	267.00
Audit	60.00
General expenses	16.65

8,366.35

Cash on hand and in bank, December 31, 1952 12,689.59

\$21,055.94

Canadian Dental Association
DENTAL RESEARCH FUND
STATEMENT OF RECEIPTS AND DISBURSEMENTS
Year ended December 31, 1952

Receipts

Cash in bank, December 31, 1951	\$ 9,357.23
Grant, Canadian Dental Association, from general account	2,000.00
Transfer from Canadian Dental Research Foundation	499.57
Bank interest	48.37

\$11,905.17

FINANCE

Disbursements	
Studentships	2,400.00
General expense	23.19
Audit	30.00
	2,453.19
Cash in bank, December 31, 1952	9,451.98
	\$11,905.17

WAR MEMORIAL AWARD FUND
STATEMENT OF RECEIPTS AND DISBURSEMENTS
Year ended December 31, 1952

Receipts	
Cash in bank, December 31, 1951	472.64
Bond interest	225.00
Bank interest	2.26
	\$699.90

Disbursements	
Essay awards	200.00
Cash in bank, December 31, 1952	499.90
	\$699.90

Canadian Dental Association
COUNCIL ON DENTAL EDUCATION FUND
STATEMENT OF RECEIPT AND DISBURSEMENTS
Year ended December 31, 1952

Receipts	
Cash in bank, December 31, 1951	\$ 337.49
Grants:	
From general account	\$3,000.00
Kellogg Foundation	650.00
	3,650.00
Bank interest	8.30
	\$3,995.79

Disbursements	
Council meeting expenses	1,055.30
Expenses re survey of dental schools	1,539.60
	2,594.90
Cash in bank, December 31, 1952	1,400.89
	\$3,995.79

Canadian Dental Association
THE GRIEVE MEMORIAL LECTURESHIP FUND
STATEMENT OF RECEIPTS AND DISBURSEMENTS

Year ended December 31, 1952

Receipts

Cash in bank, December 31, 1951	\$ 602.89
Donations	1,376.33
Bond interest	105.00
Bank interest	5.32
	\$2,089.54

Disbursements

Bonds purchased:		
Government of Canada, 3%, par value \$1,000.00, due September 1, 1966	\$ 935.00	
Hydro Electric Power Commission of Ontario, 4¼% par value \$1,000.00, due November 1, 1967	1,005.00	1,940.00
Interest accrued on bonds purchased		6.84
Lecture		105.00
Bank charges		14.90
		2,066.74
Cash in bank, December 31, 1952		22.80
		\$2,089.54

LIBRARY TRUST FUND
STATEMENT OF RECEIPTS AND DISBURSEMENTS

Year ended December 31, 1952

Receipts

Cash in bank, December 31, 1951	2,670.98
Donations	2,015.00
Bank interest	10.28
	\$4,696.26

Disbursements

Books	1,245.76
Binding books, journals, etc.	113.10
Bank charges	2.95
	1,361.81
Cash in bank, December 31, 1952	3,334.45
	\$4,696.26

FINANCE

Canadian Dental Association
RESERVE FUND
STATEMENT OF RECEIPTS AND DISBURSEMENTS

Year ended December 31, 1952

Receipts

Cash in bank, December 31, 1951	\$ 455.57
Interest on bonds	795.00
Bank interest	20.89
Transfers from general account	4,500.00
	\$5,771.46

Disbursements

Bonds purchased:		
Province of Quebec, 3%, par value \$1,000.00 due October 1, 1963	925.00	
Province of Nova Scotia, 3%, par value \$1,000.00 due December 15, 1967	890.00	
Province of Prince Edward Island, 4¼%, par value \$1,000.00 due December 1, 1967	993.75	
Government of Canada, 3%, par value \$1,000.00 due October 1, 1963	941.25	3,750.00
Interest accrued on bonds purchased		21.59
Transfer to general account re interest		795.00
		4,566.59
Cash in bank, December 31, 1952		1,204.87
		\$ 5,771.46

Appendix C

BUDGET
1954

Revenue

Provincial Grants:	
British Columbia	\$ 8,325.00
Alberta	5,475.00
Saskatchewan	3,285.00
Manitoba	3,750.00
Ontario	32,915.00
Québec	17,775.00
New Brunswick	1,500.00
Nova Scotia	2,600.00
Prince Edward Island	435.00
Newfoundland	330.00

FINANCE

National Convention	100.00
Bond interest	1,067.50
Sale of pamphlets	100.00
Associate memberships	100.00
	\$77,757.50

Disbursements

Grants	
Publications	\$14,500.00
Education	3,000.00
Research	3,500.00
F.D.I.	750.00
Headquarters Personnel	
Secretary	6,000.00
Clerical assistance	16,000.00
Officers' pension	2,291.52
Unemployment insurance	150.00
Hospital and Medical Care Plan	275.00
Committee	
Executive	1,800.00
D.P. Health	500.00
Convention	100.00
Legislation	25.00
Nomenclature	25.00
Hospital Dental Services	100.00
Public Relations	1,000.00
War Memorial	75.00
Finances	25.00
Ethics	25.00
By-laws	25.00
Health Insurance	1,000.00
Auxiliary Services	25.00
Specialists and Specialization	25.00
Nominating	25.00
Officers Expenses	3,000.00
Annual Meeting	7,000.00
Library Expenses	300.00
Audit Fee ...	515.00
Contingency Fund	1,000.00
Pamphlets and Reports	6,000.00
Housing	3,600.00
Translations	500.00
Stationery and Office Expense	3,500.00
Telephone and Telegraph	500.00
Postage	3,000.00
Office Equipment	500.00
Reserve	3,500.00
Insurance	80.00
Membership Fees	125.00

FINANCE

Totals	\$84,361.52
Deficit	6,604.02
	\$77,757.50

COMMENT AND RECOMMENDATIONS

We desire to present the following report:

- 1. - 2. No comment.
- 3. There is no direct reference to what action was taken by the Executive. It is presumed that the appointment of a permanent Comptroller was not considered. (See Report of Committee on By-laws and Executive 22b.)
- 4. We feel that the policy of holding conventions in all parts of Canada is essential to the national character of our organization. But when meetings are being held at the extreme EAST or the extreme WEST economy should be exercised in travelling expenses.
- 5. We appreciate the problems attendant upon a fixed income with rising expenditures.
However, until further education or enlightenment is given to the rank and file of the profession relative to the importance of the C.D.A. in all aspects of its professional responsibilities, we would be reluctant at the present time to endorse an upward revision of fees. We agree that such an increase is desirable, and possibly a necessity in the near future.
- 6. A. B. & C. — We would view with alarm any suggestion to alter the policy of an Annual Convention and a monthly Journal.
Rather, we would recommend to the Executive, a further investigation in respect to a re-evaluation of the personnel required at Annual Board meetings and a consideration of the locale of such meetings in respect to travelling expenses.
- 7. A. The capital account Reserve Fund, cash and bonds, stands at \$29,467; in addition a loan receivable from the Housing Fund of \$15,000. The Reserve Fund must be added to as finances permit.
B. An appropriation of \$3,500 for this fund is being budgeted for this year.
C. - D. Concur.
- 8. We add our small token of sincere appreciation to Dr. Harry Garvin for his labours as Editor of the Journal during the past years.
The Journal, on a high priority, uses 24.3% of our total income at this time.
- 9. Concur.

10. We fully appreciate the fine ability of our efficient Secretary, Dr. Don W. Gullett and concur in the sentiments already expressed. We recognize the necessity of the eventual appointment of a full-time Secretary. We feel that this readjustment cannot take place until revenues are increased.
11. The bond list has been scrutinized. The portfolio consists only of Government of Canada and Provincial Government Bonds to the market value of \$46,042. The choice of the various issues represents sound investment.
12. We agree on policy of priorities for Standing Committees. It is recommended that a further analysis of priority of the standing committees be conducted. The priority may change from year to year, especially when a committee requires a definite action.
13. The Auditors' Financial Statement appears as Appendix "B". It shows an operating deficit of \$8,635.88 for the year 1952. The explanation of the deficit is drawn to your attention.

14. **Budget 1954**

Appendix C.—**Revenue**—The revenue is fixed and there is no method of the total amount being increased except by new graduates coming into the provinces—a small amount. Some of the provinces pay a larger sum yearly. Any surplus over \$15.00 per member is placed to the credit of the Housing Fund.

Expenditures—Under grants Publications is raised from \$14,000 to \$14,500. Research is raised from \$2,000 to \$3,500. Under committees, delete Dental Services \$150.

The 1954 Budget now reads:

Expenditures	\$84,361.52
Revenue	77,757.50

Deficit	6,604.02

We recommend the adoption of the Report of the Finance Committee, as amended.

RESOLUTIONS

WHEREAS the members of the Board of Governors and those intimately connected with the activities of the Association recognize the urgent need for an increase in the revenue, and

WHEREAS it is felt that the general membership is not sufficiently informed of the activities of the Association, the associated financial need and the benefits that would accrue therefrom,

FINANCE

BE IT RESOLVED THAT this Board recognize the pressing need for an increase in the contributions by the Corporate Members and in order to facilitate this measure that a statement of activities, benefit and needs, be prepared for distribution and that a committee for this purpose be appointed by the President.

APPROVED

That the firm of Thorne, Mulholland, Howson, and McPherson, Chartered Accountants, be appointed Auditors for the Canadian Dental Association for the year 1954.

APPROVED

MEMBERS OF RESEARCH COMMITTEE: J. B. MACDONALD, Chairman, Toronto, Ont.; G. H. W. LUCAS, Toronto, Ont.; R. M. GRAINGER, Wilson Heights, Ont.; K. J. PAYNTER, Toronto, Ont.; GORDON NIKIFORUK, Toronto, Ont.; W. G. McINTOSH, Toronto, Ont.; ROY G. ELLIS, Toronto, Ont.; J. P. McGUIGAN, Halifax, N.S.; A. G. RACEY, Montreal, P.Q.; H. R. MacLEAN, Edmonton, Alta.; C. H. M. WILLIAMS, Toronto, Ont.; R. J. Godfrey, Toronto, Ont.; ROLAND GENDRON, Montreal, P.Q.; J. J. RAE, Toronto, Ont.

REPORT

The Research Committee begs leave to report as follows:

1. General Activities

The main activities of the Research Committee this year have been:

- (a) To encourage the training of personnel for dental research by means of the C.D.A. Studentship grants.
- (b) To provide opportunity for Canadian research personnel to consult with confreres on specific problems by means of C.D.A. Studentship grants.
- (c) To administer the monies from the Memorial Fund of the Canadian Dental Research Foundation.
- (d) To try to maintain good liaison with the Department of National Health and Welfare at Ottawa.

2. Personnel

- (a) The Committee regrets to report that Dr. J. H. Johnson has resigned from the Research Committee.
- (b) The terms of office have expired for the following members of the Committee:

Dr. R. J. Godfrey
 Dr. R. Gendron
 Dr. J. J. Rae
 Dr. C. H. M. Williams
 Dr. H. MacLean

The Committee wishes to acknowledge the services of these retiring members and expresses the hope that they may continue to assist the Committee in a non-official capacity.

3. Studentship Grantees

A summary of the assistance provided through Studentships up to September, 1953, will be found in Appendix A.

Of the 12 persons assisted through studentships, eight have returned to Canada to take up positions in Canadian dental faculties, one has remained in a university in the United States, one is serving a term in the United States armed forces, one is continuing his studies and one is commencing his studies.

RESEARCH

4. Studentship Applications

- (a) Dr. Gordon Nikiforuk of the Division of Dental Research, University of Toronto, applied for a Studentship to attend a conference of the New York Academy of Sciences on 'Ion Exchange Resins in Medical Biological Research'. The application for \$100.00 was granted.
- (b) Dr. C. Reynolds has been accepted in the Graduate School of the University of Toronto as a student proceeding towards a M.Sc. degree majoring in the field of pharmacology. His application for a Studentship of \$1427 was granted.
- (c) Dr. Jean-Paul Lussier applied for a renewal of his Studentship at the University of California in the amount of \$1200. Dr. Lussier is associate professor in the Department of Physiology, Faculty of Medicine, University of Montreal. He is proceeding towards a Ph.D. His research is in the field of dental histology and embryology using radioactive isotopes. His application was granted.

The Committee considered the inquiry of Dr. Morris B. Stack of London, England, who is conducting dental research in the field of biochemistry. Dr. Stack was seeking support to attend a physiological conference in Montreal but the Committee felt it could not grant assistance.

At its meeting in March, The Associate Committee on Dental Research of the National Research Council increased both the amount and scope of its fellowships. This action was noted with approval but it was felt unanimously that these fellowships may still be insufficient and that the Research Committee should supplement them with Studentships as occasion demands.

5. Fluoridation of Water Supplies

The fluoridation of communal water supplies has continued to be a concern of the Research Committee. A Joint Committee of the Canadian Dental Association and the Canadian Medical Association was set up to issue a statement in respect to fluoridation. Membership consisted of representatives of the Research Committee of the Canadian Dental Association, the Nutrition Committee of the Canadian Medical Association, Drs. H. K. Brown and Malcolm Pett of the Department of National Health and Welfare. The statement prepared by this Committee will be found as Appendix B.

A sub-committee of the Research Committee has undertaken the preparation of a brochure on fluoridation to provide informative material for dental and medical organizations and other lay organizations. (Available on request.)

6. Inquiries

A number of inquiries concerning therapeutic agents and dental health practices were answered. In addition the 1953 edition of "Accepted Dental Remedies" was reviewed for the Journal.

7. Dental Research Projects in Progress in Canada

Research projects known to have been completed over the past year or in progress together with the names of individuals responsible for each project are listed in Appendix C.

8. Division of Dental Research

The Division of Dental Research at the Faculty of Dentistry, University of Toronto, established a year ago, has been growing rapidly. An appeal to the graduates of the Faculty for funds to support a five-year programme has met with enthusiastic support.

Total amount pledged:	\$133,244.95
Total Cash receipts	39,537.98

Further expansion will be planned through a newly formed Research Advisory Committee in the Faculty of Dentistry.

9. Future Plans

The Committee feels that the encouraging increase in dental research in Canada during the past few years has been in no small measure the direct outcome of the Canadian Dental Association Studentship plan. These Studentships are continuing to make it possible for more dental graduates to obtain training for a research career.

While the accomplishment to date has been gratifying we must recognize that it is still far from adequate. The cost of dental treatment to the Canadian public in 1952 was \$48,400,000.00 or 1/6 of the total bill for all other medical treatment including hospitalization, and at that reached only about 1/3 of the public adequately.

We are making little headway in reducing the incidence of dental caries by reduction in carbohydrates. Our most helpful achievement is fluoridation. In the field of periodontics our understanding is still far from complete and prevention is hardly discussed. Likewise we have barely scratched the surface in our knowledge of the cause and prevention of malocclusion. These three — dental caries, periodontal disease and malocclusion are dentistry's major public health problems and we have not gone very far in preventing any of them.

The National Research Council in 1952-3 made grants for medical research totalling \$564,018; the grants for dental research were \$25,410. There is more money available at National Research Council to support projects in dentistry but we have inadequate numbers of trained personnel and inadequate facilities for major projects.

The Research Committee is considering as part of its future plans an intensive survey of dental research in Canada with a view to determining what is needed to expand the profession's research achievement throughout the country.

Meanwhile, to further stimulate the development of research the Committee suggests the studentships be extended in scope so that they may be

RESEARCH

available to students employed in research in Canadian dental schools. It is hoped that such support will increase the number of trained personnel in Canada.

The Committee also intends to extend its activity to include the preparation of articles for the C.D.A. Journal which will acquaint Canadian dentists with basic science achievements in dental research in Canada.

10. Financial Statement

- (a) Financial Statement for 1952 is included in auditor's report on green pages, and Financial Statement for the first eight months of 1953 appears as Appendix D.
- (b) Disbursements for Studentships continue at about the same level as last year (\$2727 approved in 1952-3, \$2898.78 in 1951-2).
- (c) One of the prime objectives of the Canadian Dental Association is "to conduct, direct, encourage, support or provide for exhaustive dental and oral research". We are not yet meeting our responsibilities in respect to this objective as noted in Section 9.
- (d) In view of the requirements for the Studentship programme, the need for expanding this programme, and the plan to survey dental research in Canada, the financial assistance requested for the coming year is \$3,500.

11. Recommendations

- (a) The Committee recommends that if a member of the Research Committee be elected Chairman during his term on the Committee, that he be allowed to serve a term of not more than three additional years from the date of his appointment as Chairman.
- (b) The Committee recommends that Studentships be made available to students employed in research in Canadian dental schools.

Appendix A

C.D.A. RESEARCH COMMITTEE STUDENTSHIPS

1947 - 53

Year	Recipient	Amount	
1947	J. B. Macdonald	\$ 100	\$ 100
1948	J. B. Macdonald	1,500	
	J. R. Fletcher	200	
	Gordon Nikiforuk	300	2,000
1949	Ronald Gendron	270	
	J. B. Macdonald	700	
	R. D. Coleman	500	
	K. J. Paynter	400	1,870

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1950	K. J. Paynter	1,200		
	M. J. Gibson	1,100		
	G. Nikiforuk	200		
	R. D. Coleman	250		
	J. H. A. Senecal	900	3,650	
1951	K. J. Paynter	600		
	J. H. A. Senecal	500		
	A. A. Antoni	600	1,700	
1952	A. A. Antoni	600		
	A. G. Nutlay	500		
	J. P. Lussier	1,200	2,300	
1953	G. Nikiforuk	100		
	C. Reynolds	1,427		
	J. P. Lussier	1,200	2,727	\$14,347

Name	School	Field	Amount
Macdonald, J. B.	Columbia University	Bacteriology	\$ 2,300
Fletcher, J. R.	University of Toronto	Dental Materials	200
Nikiforuk, Gordon	University of Toronto	Paedodontics & Biochemistry	500
	N. Y. Academy of Sciences	Consultation Studentship	100
Gendron, Ronald	N.Y. School of Dentistry	Periodontia	270
Coleman, R. D.	University of California	Oral Medicine	750
Paynter, K. J.	Columbia University	Dental Anatomy	2,200
Gibson, M. J.	Henry Ford Hospital	Dental Oral Surgery	1,100
Senecal, J. H. A.	Harlem Hospital and New York University	Pathology in Clinical Diagnosis in Dentistry	1,400
Antoni, A. A.	Henry Ford Hospital	Dental Oral Surgery	1,200
Nutlay, A. G.	Chicago University	Oral Pathology	500
Lussier, J. P.	University of California	Oral Medicine and Experimental Biology	2,400
Reynolds, C.	University of Toronto	Pharmacology	1,427
			\$14,347

17 August 1953

Appendix B

THE FLUORIDATION OF COMMUNAL WATER SUPPLIES
FOR THE PARTIAL PREVENTION OF TOOTH DECAY

In response to many requests for information the following statement dealing with the public health procedure of fluoridation of communal water supplies has been prepared by a joint committee of the Canadian Dental Association and Canadian Medical Association.

What is Fluoridation?

The word fluoridation", as here used, means the addition of a fluoride compound to water. Some water supplies are naturally fluoridated from the

RESEARCH

soil and rock through which they pass. Since 1945 many communities have artificially raised the fluoride content of their water supply to about one part per million (p.p.m.) by the addition of a fluoride compound. This is a level at which optimal dental benefits can be expected, and at which no detrimental effects have been demonstrated.

What Can Fluoridation Accomplish?

It has been found that children residing in communities with a water supply brought in 1945 to 1 p.p.m. of fluoride have considerably less decay in their teeth than children whose water supply is practically free of fluoride. While it is known that the protection from caries conferred by naturally fluoridated waters carries over into adult years, sufficient time has not yet elapsed in connection with artificially fluoridated waters to state definitely the extent of adult protection.

What Does Fluoridation Cost?

Fluoridation is accomplished by means of a mechanical feeding device, usually automatic, operating in conjunction with the regular waterworks equipment. Accurately measured quantities of some fluoride are mixed into the water supply, under the supervision of qualified water works staff.

Cost of equipment, of fluorides, and the operating costs vary from place to place, and from time to time. It is suggested that estimates be obtained through the local waterworks engineer or from supplying firms.

What Hazard is Involved

None of the evidence reported to date indicates any ill effects when the concentration of fluoride in water is about 1 to 1.2 p.p.m. From naturally fluoridated areas it has been found that at about 1.5 p.p.m. some children develop teeth with mild mottling or mild fluorosis, commonly detectable only by experienced observers.

Under most circumstances, the greater part of the fluoride intake comes from drinking water and relatively small amounts from other sources such as food. But this is not always true. Some foods contain considerable quantities of fluoride. Fluoride intake may be increased by the use of materials to which fluoride has been added such as tablets, lozenges, dentifrices or chewing gum. Exposure to fluorides may occur not only within certain industries but also in their neighbourhood. In planning the fluoridation of a communal water supply, consideration must be given to sources of fluoride other than water, and steps must be taken to ensure that the fluoride intake from such sources is not excessive.

Since there are many unanswered questions involved in fluoridation of water supplies, investigations are continuing in both the dental and the medical fields.

How to Go About It

Communities considering water fluoridation should, as a first step, discuss

the subject with the local dental, medical and waterworks authorities. There are several important matters of planning to be settled for each community individually. Among these matters is a scientifically reliable basis for judging the effects of the programme in the reports that are regular responsibilities of community health groups.

LIST OF JOINT COMMITTEE MEMBERS:

Dr. J. B. Macdonald, Faculty of Dentistry, University of Toronto, Toronto — Chairman.

Dr. E. H. Bensley, Montreal General Hospital, Montreal — Vice Chairman.

Dr. H. K. Brown, Dental Health Division, Department of National Health and Welfare, Ottawa.

Dr. Malcolm Bradley, Kingston General Hospital, Kingston.

Dr. A. L. Chute, Hospital for Sick Children, University Avenue, Toronto.

Dr. R. Grainger, Department of Public Health, Parliament Bldgs., Toronto.

Dr. Gordon Nikiforuk, Faculty of Dentistry, University of Toronto, Toronto.

Dr. L. B. Pett, Nutritional Division, Department of National Health and Welfare, Ottawa.

Note: Membership on this committee does not constitute an endorsement of the statement by the department or institution which the individual represents.

The members of this committee have requested that no photographs be published with this statement.

Appendix C

DENTAL RESEARCH PROJECTS IN PROGRESS IN CANADA

The following is a list of personnel and active dental research projects that have come to the attention of the Research Committee this year.

1. Dr. H. K. Box, Toronto, has been preparing a book dealing with his studies in Periodontology over the past year.
2. Dr. H. K. Brown, Department of National Health and Welfare.
 - I. Brantford-Sarnia-Stratford fluoridation caries study.
 - II. A clinical study of the effects of stannous fluoride.
3. Dr. M. A. Cox and Dr. G. Nikiforuk, Toronto. A study of protein metabolism and its relation to dental caries.
4. Dr. A. H. Craven, Montreal.
 - I. The growth in width of the face and head of the Macaque monkey as revealed by vital staining.
 - II. Postures of the head in man.
5. Dental Health Officers Epidemiological Study Group. I. A study of caries

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- immune children. II. A study of caries attack rates by townships in Ontario
6. Dr. R. M. Grainger, Toronto. A study of caries rates in Newfoundland.
 7. Dr. R. M. Grainger, Dr. K. J. Paynter, Toronto, and Dr. B. T. Dale, Mount Forest. Study of morphological effects of fluorides on human teeth.
 8. Dr. R. M. Grainger and Mr. D. B. W. Reid, Toronto. Statistical analysis of the distribution of dental caries in children's teeth.
 9. Dr. E. Harvold, Toronto. Facial growth in cleft palate.
 10. Dr. R. D. Haryett, Toronto. An electromyographic study of temporal muscles function and a cephalometric evaluation of its effect on the cranio-facial skeleton in postnormal occlusions.
 11. Dr. B. Hemrend, Toronto. A cephalometric study of the position of the maxillary and mandibular first molars in a series of clinically excellent dentitions.
 12. Dr. H. A. Hunter, Toronto. I. The pathological characteristics of experimental fusospirochetal infections. II. (With Dr. G. Nikiforuk, Toronto). A study of the staining characteristics of tissues decalcified with ethylene diamine tetra acetate.
 13. Dr. H. Jenkins, Toronto. I. An analysis of treated orthodontic cases. II. Evaluation of interceptive orthodontic procedures. III. Further studies in the electromyography of the head, face and neck.
 14. Dr. E. E. Johns, Toronto. A study of different ways in which the primary dentition is transferred to the permanent dentition.
 15. Dr. C. P. Leblond, Montreal. Entry of phosphate, carbonate and calcium-ions into teeth, as shown with the help of radio-active elements.
 16. Dr. W. J. Linghorne, Toronto. An investigation of the mechanism of repair of the supporting structures of the teeth.
 17. Dr. J. B. Macdonald, Toronto. I. The cultivation and characteristics of *Bacteroides nigrescens*. II. The motile non-sporulating anaerobic rods of the oral cavity. III. Experimental fusospirochetal infection with mixtures of pure cultures. IV. Motility in a species of non-flagellated bacteria. V. Isolation, cultivation and characteristics of *Spirillum sputigenum*.
 18. Dr. R. E. Moyers and Dr. E. Johns, Toronto. Caries prevalence in Greece.
 19. Dr. M. A. Matthews, Toronto. A cephalometric appraisal of the movement of the maxillary central incisor in Class II, Division I cases treated with edgewise, twin wire and labio-lingual techniques.
 20. Dr. D. J. E. Mitchell, Toronto. The mandibular morphology of distocclusion.
 21. Dr. C. B. Morrow, Toronto. An evaluation of lip pressures on the maxillary permanent incisors.
 22. Dr. H. R. MacLean and Dr. S. G. Davis, Edmonton. Electropotentials caused by dental alloys.

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- 23. Dr. G. Nikiforuk, Toronto. I. A study of the reducing properties of saliva towards some oxidation-reduction indicators. II. The effect of topical application of silicones in protecting teeth against acid solutions in vitro.
- 24. Dr. K. J. Paynter, Toronto. I. Effect of thiouracil on the structure of the bone in the jaws of rats. II. The effect of the endocrines on the teeth and jaws.
- 25. Dr. F. Popovich, Toronto. Cephalometric evaluation of vertical overbite in young adults.
- 26. Dr. J. J. Rae, Toronto. Chemical mechanisms in dental caries.
- 27. Dr. R. L. DeC. Saunders, Halifax. Study of human dental pulp blood vessels by X-ray micro-arteriographic methods.
- 28. Dr. M. Doreen Smith, Toronto. An examination of dietary ingestion of fluorine in Newfoundland.
- 29. Dr. O. J. Walker, Edmonton. Investigation of methods for destroying the organic matter in teeth, bones, and other material prior to determination of fluorine content.
- 30. Dr. R. B. Weld, Halifax. The use of vital stains for indentification of the macrophages in the pulp tissue of the rate incisor.

August 26, 1953.

Appendix D

FINANCIAL STATEMENT

January 1 to August 31, 1953

Jan. 1/53 BALANCE	(as shown in Auditors Report for 1952)		\$ 9,451.98
RECEIPTS			
Research Foundation		\$ 417.07	
C.D.A.		3,000.00	
Exchange and Discount		1.86	
Bank Interest		24.93	3,443.86
			\$12,895.84
DISBURSEMENTS			
Thorne Mulholland etc. (Auditors)		25.00	
Co.'s Act fee for 1953		2.00	
Reprints		39.05	
Studentships		400.00	
Bank Charges		1.00	467.05
Balance, August 31, 1953			\$12,428.79

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COMMENT AND RECOMMENDATIONS

- 1.-4. Approved.
5. The very complete and informative presentation regarding Flouridation of Water Supplies is most highly commended.
- 6.-7. Commended.
8. That sincere congratulations be extended to the graduates of the Faculty of Dentistry, University of Toronto.
9. That we approve and endorse the future plans of the Research Committee and particularly its intention of extending studentship support to students employed in research in Canadian Dental Schools.
That the Research Committee prepare statements regarding the status of new developments in caries control.
10. We endorse the request for financial assistance for the coming year.
11. (a) We agree with the principle expressed but do not recommend any change in the terms of reference of the Research Committee.
(b) That we recommend that grants be made available to undergraduates and teachers of Dental Schools for part time research.

We wish to extend most sincere congratulations to the Research Committee and particularly to Dr. Macdonald upon the excellent nature of this report.

We recommend the adoption of the Report of the Research Committee, as amended.

APPROVED

MEMBERS OF PUBLICATIONS COMMITTEE: P. G. ANDERSON, Chairman, Toronto, Ont.; ARMAND FORTIER, Montreal, P.Q.; A. R. POAG, Hamilton, Ont.; F. MARTIN, Toronto, Ont.; M. G. BOYES, Toronto, Ont.; C. M. PURCELL, Pembroke, Ont.

REPORT

The Committee on Publications wishes to report to the Board of Governors as follows:

1. It is with regret that since the last meeting of the Board of Governors, the Committee has received the resignation of the Editor-in-Chief, Dr. M. H. Garvin. Though it will be elsewhere recorded may we ask you to consider for a time what a loss this has been to your Committee, to your Board, to the organized profession of dentistry. For years Dr. Garvin has patiently, unselfishly, and faithfully worked to produce for Canadian dentistry a journal of which your Association could be proud. That his efforts have been successful one has only to refer to the many recognitions, at home and abroad, to realize the achievement he has recorded. It is the sincere wish of your Committee that Dr. Garvin may long enjoy the years ahead, also that we may long have the benefit of his counsel and experience.

2. In the Committee's report of 1952 we recorded the resignation of our Assistant Editor, Dr. T. R. Marshall. May we bring to your attention that Dr. Marshall has most considerably assisted us in keeping material coming to the Journal until editorial solutions had been completed. For this we are most grateful.

3. The Editor of the French section of the Journal and his assistants have as usual, maintained their splendid effort, and it is most gratifying to know of the manner in which this is being received in other countries. To the Provincial Editors and the Business Manager, all of whom are so vital in the organization of the Journal we are most grateful for their continued efforts.

4. It is with pleasure that we present to you our new Editor. Dr. Wesley J. Dunn is one of the younger men endowed with great ability, endless energy and a profound interest in the profession of dentistry. Dr. Dunn conducts a general practice and has served on many committees in organized dentistry. Editorially he has held office as Assistant Editor of the Journal of the Ontario Dental Association and later as Editor of Oral Health, a post he held until the time of accepting his new position as Editor of the Journal of the Canadian Dental Association. His energy and enthusiasm, his ability to organize, his faculty of selecting men outstanding in their fields to assist him are all factors which we the Committee are pleased to announce.

5. The Committee is indeed sorry to lose the services of Dr. Leslie Robinson as Provincial Editor from British Columbia. We are pleased to announce, however, that Dr. Hugh Munro has assumed this office and we welcome him to the editorial staff.

6. Unfortunately, your Committee cannot report as favourable a financial statement as of a year ago. (See Appendix B.) As was reported then there has

PUBLICATIONS

been an increase of 20% in the cost of publication of the Journal. This of course is an internal problem for the study of the Committee and is reported here for your information. The Committee would welcome your considered advice.

7. The cost of publication of the Journal is an ever present problem with our Committee. Estimates on the cost of publication have been obtained from time to time from different sources, and we can definitely say that in no instance as yet have we been able to better the present position of publication costs.

8. Advertising Rates: It is not so long ago that with your approval we made an increase in the rates of advertising. With our greatly increased publishing costs the question again rises, should we increase our rates still more? In an effort to at least partially overcome the increased costs three means are available. We could —

1. Increase the amount of advertising in the Journal.
2. Again increase the rates for advertising space.
3. Increase the amount of advertising and increase the rates.

No decision on the method used to increase revenue should be made without carefully considering what the end result would be to the Journal itself and to the manner in which it would be received.

9. It would appear that the time has arrived when this Association will have to adopt a definite policy on advertising. Two policies are open to us —

1. We could open the advertising to all irrespective of the product or its quality or what the advertiser cares to say about his product.
2. We could adopt a policy of accepting advertising of approved products only and absorb the deficit (which would probably be caused by limited income from ads) within the financial structure of the Association.

Any policy that is adopted must be made carefully and with proper consideration. The Committee on Publications asks that at this meeting the Board give some indication how it feels in relation to the establishment of a policy on advertising and some indication too on what type of policy it would prefer to have the Committee study.

10. Since the last meeting of the Board of Governors the Committee has encountered some small difficulty in arranging meetings. We are aware that it is thoroughly desirable to have as wide a representation as possible on all acting committees. In this we concur, but may we suggest that a sufficiently large committee be appointed so that when it becomes necessary to meet for emergent or routine matters, a large enough body could be assembled within the area of the meeting without too much disruption of members' time and too much expense to the Association.

11. As in other years the Committee on Publications has appreciated your

PUBLICATIONS

confidence. We thank you and would ask that any help you can give our Committee would indeed be well received.

12. Attached as Appendix is a three-fold financial statement. Appendix "A" is the auditors' Statement for 1952. An Estimated Financial Statement to date for 1953 is Appendix "B", and the Budget is Appendix "C".

Appendix A

January 28, 1953.

Dr. G. Ratté, President,
CANADIAN DENTAL ASSOCIATION,
Toronto, Ontario.

Dear Sir: —

We have audited the accounts of the COMMITTEE ON PUBLICATIONS OF THE CANADIAN DENTAL ASSOCIATION for the year ended December 31, 1952, and submit herewith the following statements:

Certified Balance Sheet Page 2

Statement of Revenue and Expenditure " 3

In connection with the audit of the editor's office expenses, there was submitted to us a certified statement of his disbursements for the year ended December 31, 1952, totalling \$1,709.63 which amount is included in the accompanying statements.

Respectfully submitted,

THORNE, MULHOLLAND, HOWSON & McPHERSON,
Chartered Accountants

Canadian Dental Association COMMITTEE ON PUBLICATIONS

BALANCE SHEET

December 31, 1952

Assets

Capital assets:

Cash on hand and in bank		\$ 5,178.89
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Capital assets

Office furniture and fixtures	508.03	
Less Reserve for depreciation	364.82	143.21

	\$ 5,322.10	
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Liabilities

Current liabilities:

Account payable		120.62
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Surplus:

Surplus, December 31, 1951	5,333.73	
Less Deficit for year 1952	132.25	5,201.48

	\$5,322.10	
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PUBLICATIONS

Auditor's Report

We have audited the accounts of the Committee on Publications of the Canadian Dental Association for the year ended December 31, 1952, and report that, in our opinion, the above balance sheet and related statement of revenue and expenditure fairly present the financial position of the Committee as at December 31, 1952, and its financial transactions for the year then ended, according to the best of our information and the explanations given us, and as shown by the books.

THORNE, MULHOLLAND, HOWSON & McPHERSON,
Chartered Accountants

Canadian Dental Association
COMMITTEE ON PUBLICATIONS
STATEMENT OF REVENUE AND EXPENDITURE
Year ended December 31, 1952

Revenue			
Advertising	\$41,025.60		
Canadian Dental Association grant	13,500.00		
Subscriptions	601.25		
Donations	415.15	55,542.00	
Expenditure			
Honoraria to editors	2,460.00		
Expense allowance	2,936.35		
Editor's office expenses	1,709.63		
Committee meeting expenses	118.59		
Publishing The Journal	33,931.96		
Commission, Consolidated Press, Limited	7,210.78		
Agency commission	4,971.64		
Cuts and postage	2,101.75		
Depreciation on office furniture and fixtures	21.25		
Office and general expense	212.30	55,674.25	
Deficit for year		\$132.25	

Appendix B

Canadian Dental Association
COMMITTEE ON PUBLICATIONS
ESTIMATED REVENUE AND EXPENDITURE
End of 3rd Quarter, Sept. 30, 1953

Revenue			
*Advertising	\$30,741.82		
Canadian Dental Association grant	12,300.00		
Subscriptions	318.54		
Donations	30.30	43,390.66	

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Expenditure		
Honoraria to editors	2,265.00	
Expense allowances	1,309.65	
Editor's office expenses	1,328.99	
Committee meeting expenses	14.85	
*Publishing The Journal	24,813.78	
*Commission, Consolidated Press, Limited	5,374.32	
..*Agency commission	3,870.12	
*Cuts and postage	1,752.17	
**Depreciation on office furniture and fixtures	15.94	
Office and general expense	243.38	40,988.20
Estimated Surplus at end of 3rd Quarter		\$ 2,402.46
* As figures for September are not available they are estimated by taking the average of the first eight months of operation.		
** Three-quarters of total figure for 1952.		

Appendix C

BUDGET ESTIMATE

1954

COMMITTEE ON PUBLICATIONS

Revenue		
Advertising	\$42,000.00	
C.D.A. Grant	14,500.00	
Subscriptions	500.00	\$57,000.00
Disbursements		
Salaries	4,200.00	
Expense Allowance	2,455.00	
Editor's Office Expense	500.00	
Committee Expenses	100.00	
Publishing	35,000.00	
Commission — Consolidated Press	7,000.00	
— Agency Commission	5,250.00	
Cuts and Postage	2,300.00	
Office and General Expenses	150.00	56,955.00
Estimated Surplus for year 1954		45.00

PUBLICATIONS

COMMENT AND RECOMMENDATIONS

1. We concur in sentiments expressed wholeheartedly.
2. We agree.
3. Heartily concur.
5. In this we also concur.
- 6.& 7. We note the increased costs in publication of the Journal and are satisfied that it is beyond the control of the Committee.
- 8.& 9. We recommend:
 - (1) That the Committee on Publications be permitted, if necessary, to increase the advertising space, not to exceed 60% of the available space.
 - (2) That the advertising material accepted be in keeping with reasonable professional standards.
10. We agree and understand that this matter has been taken into consideration by the Nominating Committee.
11. We commend the Committee most heartily for their year's effort.
12. We approve the financial statement, Appendix "A", Appendix "B", and Budget, Appendix "C".

We recommend the adoption of the Report of the Committee on Publications.

APPROVED

REPORT OF THE PAST EDITOR OF THE JOURNAL — M. H. GARVIN

1. Having had the honour of being the Editor of our national journal for eighteen and a half years and still having the greatest interest in Canadian Dental Journalism, I seek this opportunity of presenting to the Board of Governors some of my conclusions arrived at during the year of service following the last Governors' meeting in Vancouver, conclusions which I trust will prove useful in the future.

2. In my opinion dental journalism should be given a very high priority in the affairs of the dental profession of Canada, as it not only affects the thinking of Canadian dentists but Canadian dentistry is judged abroad by the dental literature emanating from our shores. From our journal we should be able to gather a view of dentistry throughout the world, obtain a picture of all the achievements in our profession and see clearly the lights that influence the destiny of our beloved profession.

3. This being the case, a great responsibility falls upon the shoulders of your Editor, the responsibility of directing our national publication, of telling what he knows accurately, precisely, without exaggeration and without prejudice, of

cultivating the instinct of knowing truth when it is presented and of detecting errors when they come masquerading before him. If he is to develop imagination and humour and familiarize himself with the word-resources of our English language, if he is to charm his readers with the new meaning he seeks to give to familiar situations, he must have much time for reading and study and meditation. Even then, clouds as well as sunshine will find their way around the editorial chair. Therefore, on account of the tremendous importance of this position — the highest trust in the gift of the profession — I am strongly of the opinion that the Editor-in-Chief of our journal should be placed on full-time service. I believe also that he should be kept in very closest touch with every activity of our Association. It is too late to write an editorial when some important news item, for instance, appears in the Governors' Letter. I feel that all news items should reach the editor's desk just as soon as possible. I am of the considered opinion also that the editor should be an ex-officio member of the Executive Committee and all other important committees, so that he may be able to keep in closest contact with the varied activities of the C.D.A. Only then can he hope to do justice to his editorial page.

4. I would recommend also that the Journal be enlarged, permitting more space for original articles and permitting the editor to seek papers on specific subjects with the knowledge that he can publish the same before too many months have elapsed.

5. I believe that our Canadian dentists should be encouraged to bind our official journal and that it should be of such a standard as to deserve this treatment. I trust that the day will never come when, for financial reasons, we adopt the policy of scattering part of the text among the advertising pages in order to secure more advertising revenue. I am proud of the fact that thus far we have escaped this practice in the journal of the Canadian Dental Association and have kept our advertising segregated to the front and back of our publication. My personal opinion is that it should be deleted from the front of the journal and placed only at the back. In either case, one can quite easily remove the advertising pages and have the volumes bound if so desired.

6. In a previous report presented to this Board I recommended that the Committee on Publications undertake a survey in various parts of Canada to determine what section of the journal was proving most interesting and acceptable to our readers. This suggestion did not receive enthusiastic support, but I still think it was a good idea.

7. A couple of years ago when speaking in Alberta before the dental societies of Edmonton, Calgary and Lethbridge, I conducted such a survey which, of course, may not be in any sense the universal opinion of Canadian dentists. A form was drawn up with the following headings: Manuscripts; Forum Section; Editorials; C.D.A. News Section; News from the Provinces; British Commonwealth News; General News. The men were asked to indicate their preference by placing 1, 2, 3, etc. after the various sections and to turn them in without any signature. They were also asked to indicate whether or not they were under

PUBLICATIONS

35 years of age. This last item was added because a prominent Toronto dentist suggested that younger men might be much more interested in original manuscripts than the older men who had been out of college for many years. An analysis of these questionnaires did not indicate any difference between the interest of older and younger men. I concluded that older men who were interested enough to attend dental meetings would be interested in reading original manuscripts.

8. In this Alberta Group there were 112 replies. The result as follows:

	First Choice	Second Choice	Total
Manuscripts	76	20	96
Editorials	22	39	61
Forum	9	26	35
C.D.A. News	—	10	
News from Provinces	4	51	19
General News	1	—	
British Commonwealth News	—	—	

9. A similar procedure was followed at the Winnipeg Dental Society one evening last Winter. It was unfortunate that a number had to leave the meeting before the survey was taken but 31 questionnaires were turned in. The result was as follows:

	First Choice	Second Choice	Total
Manuscripts	19	6	25
Editorials	6	14	20
Forum	2	8	10
C.D.A. News	—	1	
News from Provinces	4	3	7
General News	—	—	
British Commonwealth News	—	—	

10. These two surveys of Alberta and Manitoba follow much the same pattern but as stated the picture in other parts of Canada may be quite different and I am still of the opinion that a wider survey should be made.

11. On the basis of this survey I would again state that in my opinion more space should be found for original manuscripts which requires enlarging the journal. Furthermore, the importance placed on the editorial section substantiates my opinion that the editor should have much more time than has been available in the past, to devote to this very important matter. It must be apparent that no man can do his best in this direction and conduct a busy practice at the same time.

12. The surveys indicated that in the various news sections the “News from the Provinces” received the greatest reader-interest, and I believe that much might be done to create more interest in this section of the Journal. In fact, it is my opinion, that all the news sections could be much improved by changing the type. A few years ago the type was changed in order to conserve space by getting more material on a page. This, to my thinking, was a backward step.

13. It is further my belief that inspirational quotations should continue to be a feature of our C.D.A. journal. During the years it has been very apparent that these quotations have produced marked reader-interest.

14. I trust that the statements that have just been made will be received in the spirit in which they have been given. Some of them may be considered criticisms and, if so, I trust they will prove helpful criticisms for I do not wish to pass from the picture of dental journalism without expressing at least a few of my deep convictions about the setup of our journal.

15. In closing I would express again, as I have done so often, my very deep appreciation of the grand support I have received from Dr. Marshall, the Assistant Editor, the members of the Committee on Publications, the Editor of the French Section and the Provincial Editors.

16. I am very pleased with the splendid way in which our new editor, Dr. Dunn, is taking hold of his very difficult task. He will meet obstacles which he alone must face, for man does not advance by virtue of government removing obstacles for him, but through the personal and individual courage required to overcome obstacles. I have talked with Dr. Dunn and I believe he has that courage, but he needs the support of every one of us. As Dr. E. Wilfred Fish stated in the British Dental Journal not so long ago —“I have come to believe that courage is the most important attribute for either happiness or success in the character of a man of integrity, and no doubt individual courage counts for just as much in the collective life of a profession as in the private life of the individual. Great and important decisions await us. They are not for discussion here or now: but if we go boldly forward the lurking shadows will be found to conceal a brighter future. Providence has ordained that the future shall be inscrutable, but unless we regard ourselves as helpless puppets doomed to some predestined fate, it is our duty to try to shape that future, armed with the sharp tools of knowledge and experience, which in this matter we alone possess. What we should fear is apathy or indifference, the inclination to rest on our laurels rather than to make a decision to live dangerously in these dangerous times.”

Gentlemen, I am greatly indebted to you for permitting the reading of this report at this Governors' meeting. I thank you.

COMMENT AND RECOMMENDATION

1. We recognize with appreciation the long years of service rendered by Dr. Garvin and commend him for his efforts and sacrifices in fulfilling this task.
2. We express our appreciation of the interest shown by Dr. Garvin in the future welfare of the Journal and recommend that the suggestions contained in his report be passed on to the Committee on Publications for their consideration.

We recommend the reception of the Report of the Past Editor of the Journal of the Canadian Dental Association.

APPROVED

PUBLICATIONS

REPORT OF THE EDITOR — W. J. DUNN

1. The editor would like to take this opportunity of expressing his appreciation through the Board of Governors of the Canadian Dental Association to the Committee on Publications for the privilege of succeeding to the editorship of the Journal. Also special thanks are given to his predecessor for much helpful advice and to the Secretary for his efforts to provide the maximum of comfort and convenience in the editorial office at the Association headquarters.

2. The editor's aim and endeavour will be to provide the best Journal of which he is capable in accordance with the means at his disposal. The Journal, essentially will function by informing the members of the Association of the scientific, economic, and social developments which affect the health and welfare of the people the profession serves. The Journal is the mirror of our profession beyond the confines of our borders and it is therefore essential that it should at all times maintain a standard comparable to its responsibilities.

3. It is the editor's intention not to belabour the Board with specific publishing problems because these difficulties, in the main, can be, if not solved, at least discussed, by the Committee on Publications. However, because most questions are directly or indirectly connected with the financial picture of the Journal it would be well for the Board to be aware of some of them. With the current increased interest in dental research and the basic sciences many original articles with little general interest will, no doubt, be making their appearance. From the standpoint of representation of Canadian effort it is desirable that this type of presentation be included in our publishing schedules, but at the same time, it is necessary to balance this material with that of a more practical nature. To do this requires space which, at present, is lacking in large amount. Two avenues appear to be open: (1) Increase the number of pages in the Journal, which is impractical at the present time because of current deficits and (2) make better use of the space already available. The second method seems to offer some hope. It will be essential to institute some definite changes in the present format as well as to take a critical view of the material already being included to determine if the material justifies its publication. The Board may be assured that any alterations will take place, only with the concurrence of the Committee on Publications.

4. It is a considered opinion that progressive reports of Canadian Dental Association Committees and Councils should be regular features in the Journal for at least three reasons: These reports (1) serve to increase the function of the Journal in reporting association activities, (2) inform the members who do not attend conventions or take an active part in Association affairs of the work being carried on, on the members behalf, by the Association, and (3) inform the members of the dental profession in other lands of the activities of the Canadian dental profession. Methods can be set up to schedule committee reports for publication but this can only be done with the complete co-operation of committee chairmen.

5. Being the recipient of a press clipping service, the editor is constantly amazed at the extent to which some undesirable articles relating to the profession are disseminated through the daily newspapers. It would seem that an excellent vehicle of dental information is being entirely wasted in respect to consumption. Just as the Health League of Canada and other organizations furnish news releases written from the current issues of their publications so should the Canadian Dental Association make use of its Journal in like fashion. It would be a simple matter to provide the Chairman of the Public Relations Committee with page-proofs of the following issue approximately a week to ten days in advance of publication so that news releases could be well prepared and distributed to the selected news services. In this way, there would be more likelihood of receiving desirable publicity for the Association and the profession's programme of dental health education.

6. The Journal should be the recipient of a greater number of scientific articles by Canadian dentists. Without the submission of a sufficient quantity of papers two problems arise. The first is that it is almost impossible to give balance to the Journal in respect to the various fields in dentistry and the second is that the editor finds it difficult to be selective when practically every paper must be used in order to achieve a certain minimum number of articles per issue. Steps are being taken to tap most obvious sources of supply. However, it should be incumbent upon all interested in the Journal and the standard it must maintain as the official organ of Canadian dentistry, to encourage those capable of preparing articles, to contribute them to the Journal for possible publication.

7. It is suggested that, at each annual meeting of the Canadian Dental Association, as many Associate Editors as are in attendance meet with the editor to discuss ways and means of increasing the value of the Journal. In this way, the associate editors, representing as they do all provinces in Canada, would be able to have a greater share in the overall development of the Journal in the resultant discussion of the various aspects of Canadian dental journalism.

8. The editor records with regret the resignation of Dr. Leslie Robinson as Associate-Editor from British Columbia and welcomes, as Dr. Robinson's successor, Dr. D. Hugh Munro.

SUMMARY

1. Expression of appreciation to Committee on Publications, former Editor-in-Chief, and the Association Secretary.
2. Expression of editor's aims and endeavours.
3. Statement of space problems and proposed methods of solution.
4. Progressive committee and council reports should be a regular Journal feature.
5. Statements re use of Journal by Public Relations Committee for publicity purposes.

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6. Stimulation of greater contribution of scientific papers by Canadian authors.
7. Suggestion re annual meeting of associate editors with editor.
8. Regrets on retirement of Dr. Robinson and welcome to Dr. Munro.

COMMENT

We concur in the suggestions in paragraph 4 as long as they are in accordance with the terms of reference of the committees.

We concur with the content and recommend the adoption of the Report of the Editor.

APPROVED

REPORT OF THE FRENCH EDITOR — G. de MONTIGNY

1. (a) My first words will be to congratulate Dr. Wesley J. Dunn, for his appointment as Editor-in-Chief of the Journal of the Canadian Dental Association.

(b) The editorship of a journal, such as ours, represents a task of no small responsibility; it is associated, it identifies itself with the function of the Journal which is to act as "agent de liaison" between the membership of the Association and its leaders in all fields; research, education, basal and technical sciences, organization, social welfare etc.

(c) The Editor has to put in concrete form in a language understandable to his confreres, dental activities from all over the world; he has to bring every month a message to all dental offices in Canada, so as to render the Canadian dentist a better citizen and a more qualified professional man; he is responsible, in a way, of the betterment of Canadian dentistry and, in this capacity, plays a part in the maintainance of the health of the population of this country.

(d) The Editor does his missionary work, he fulfills his vocational function by writing, which I consider to be the most universal of arts; he also accomplishes his work by segregating the printed material that is most suitable to his readers, and all these efforts are based on the reading of a great number of publications of all sorts; he has to digest a large volume of reading so that the members may share and benefit from his perusing of dental literature and information.

(e) On account of the enormity of the task that he has willingly undertaken, I wish to assure Dr. Dunn of the wholehearted cooperation of the Editorial Staff of the French section of the Journal. May he rest assured of the sincere collaboration of this staff to assist him in any move he may decide to make to improve the quality of the Journal of the Canadian Dental Association.

2. May I take the same opportunity to recall the splendid work performed by Dr. Garvin, during many years, as Editor of the Journal. All the personal

contacts between editors of both English and French sections were always cordial and filled with sincerity. I personally have enjoyed working with Dr. Garvin, as he was very receptive to any comment of whatever nature. To Dr. Marshall, I also want to say that I will always remember him as a man of vision, integrity and devotion to the cause of the Journal.

3. (a) The main function of a professional journal is to inform its readers upon the scientific achievements realized in a specialized field. In our Journal, this information must not be restricted to the realizations of Canadian dentistry, but must cover the work that is being done in all countries of the world, so as to permit our members to benefit from foreign contributions to the cause of sciences.

(b) It is beyond the possibility of an editor to read and condense all the material of special interest published in over thirty journals, written in the French language, for instance. The situation is the same for books dealing with dental sciences published continuously in the French language.

(c) To provide this information to the membership, the Association should subscribe annually to an organization which provides monthly abstracts of articles published in all the French-written journals of the world. This subscription means a disbursement from the Journal appropriated funds, but it means also greater information to the membership.

4. (a) For obvious reasons, information released by our headquarters to the membership is published in the English language. Occasionally and for important matters, these publications are translated into French so as to render these messages clearly understandable to French-speaking members of the C.D.A. Upon receiving this information and these "mots d'ordre" written in his own language, the French-speaking member of the Association feels that the legal body to which he belongs is really national in character and that it is not the affair of a province or a small group. He participates more in the life of the Association; he feels that his opinions are considered, as he considers the other ethnical group opinions.

(b) For the last few years, these translations have been more numerous and more voluminous. It would take too long to enumerate them all, but I can assure my English-speaking confreres that these translations are deeply appreciated by the French-speaking dentists, who do wish that this information would increase, as do the services of the Association to the whole membership.

(c) Translation is an art that requires a great deal of science. I would go so far as to say that it is science that makes an art of translating as I think that it requires much more science than any other art, not excepting the most beautiful of all arts, that of writing. The real translator should be a master of the languages which he undertakes to translate and, in addition to possessing considerable literary skill, he should have wisdom, knowledge and understanding. Wisdom to discern what he should translate and particularly what he should not translate; knowledge to know how he should translate it and under-

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standing to discern the underlying meaning of that which he undertakes to translate.

(d) In order to attain perfection — if perfection is possible in that field, specially when one remembers the old Italian aphorism “to translate is to betray”— all translations of a body such as The Canadian Dental Association should be unified, that is, done by the same group of persons, or if possible, by the same translator, because one would be surprised to read translations of the same text made by two different individuals. The meaning of course, will be the same but the wording may differ surprisingly. The two languages used in Canada have a genius of their own. English has possibly the richest and most extensive vocabulary of any living language; but it is by no means as delicate an instrument as French is. English is a practical realistic medium; it readily coins words for everything to suit its purposes. New words are not so easily coined in French as in English and it requires much time for their consecration by usage.

(e) As most of the material sent out by the headquarters to the membership is of about the same nature and deals with about the same problems, unification of the translation would help to adopt a quasi-official wording by the French-speaking membership.

5. A group of men from the New Brunswick province have expressed to the French Editor their desire to have a monthly page devoted to report their activities in all fields. Although, the Editor warmly welcomes worthy suggestions, such as these, to render the French section more useful to a greater part of the membership, he was forced to decline their demand, for the time being at least, due to lack of space in the Journal.

5. A group of men from the New Brunswick province have expressed to the acuteness. In former reports, I have always stressed the exiguity of the space that is allotted to the French materials in the Journal. In reading these past reports, I notice that this remark was always dealt with at the beginning or the middle of the report.

(b) This year, by a diplomatic move and with a complete change of policy, I do insert my annual plea at the very end of the report, arranging my programme as one of a symphony orchestra which keeps its most lively piece of music for the closing of the concert.

COMMENT

1.-2. We concur.

3. (a) & (b) Agreed

(c) This matter to be referred to the Committee on Publications with a recommendation for sympathetic consideration.

4. Informative.

5. Unfortunate, but necessary.

6. We concur — when it becomes practical to do so.

We congratulate the French Editor on his work during the past year.

We recommend the adoption of the Report of the French Editor.

APPROVED

MEMBERS OF HOUSING COMMITTEE: R. P. LOWERY, Chairman, Toronto, Ont.; HARVEY W. REID, Toronto, Ont.; G. V. FISK, Toronto, Ont.

REPORT

1. Your Committee is hereby pleased to report that your Headquarters building is in excellent condition and continues to add dignity to our profession.

2. The 1952 auditor's statement on page ten together with the Appendices A & B to this report will show the financial picture, past present and part of the future but will not visualize the fatherly care that some members have exercised in relation to the grounds surrounding the building. For instance it will not show the shrubbery team of Drs. Gullett and Reid, labouring with spade and fork planting and transplanting evergreens. Nor will it show Drs. Grose and Fisk attending to the border of floral display in rear of building. Nor will it show our chairman shouldering a 2-4-D spraying unit, which he did not do. Nor will it show our building superintendent Mr. McKinnon, continuously giving attention to the appearance of the whole structure.

3. Your Committee, are proud to act as your trustees, believing that the profession through voluntary effort of every corporate member, has laid a solid foundation, on which a superstructure, of constructive and intelligent service, can be built which will serve both our profession and the Canadian people. Your contributions have made it possible to liquidate the mortgage, thus considerable saving has been achieved making possible more constructive service in other directions.

4. The future looks bright but let us not falter. We must not sit down and relax on the chair of satisfaction. We must continue our contribution. *For the present*, to reimburse the reserve fund of our Association, the loan of \$15,000 at the time of purchase and for *the future*, to continue to make it possible for our administrative staff to give guidance and leadership, to the end, that our several voluntary working committees may continue their good work.

5. The profession of Dentistry is enobled through honest and intelligent service to mankind. Our Headquarters building should ever be considered as an integral link in this chain of service.

Summary:

Your Committee is ever cognizant of their responsibility, towards repayment of every dollar of our \$15,000 indebtedness to the Association and therefore is resolved:

1. To administer to the end that an annual payment, however large or small might be made to Association reserve fund.
2. To fulfill the obligation to the end that contributions from corporate members, be used exclusively to retirement of Association reserve fund indebtedness.

HOUSING

3. To retain a reasonable reserve, so that no request for funds, from the Association be necessary in the future, in case of emergencies.

Appendix A

HOUSING COMMITTEE

Financial Statement 1st 9 Months 1953

RECEIPTS

Balance per Auditor's Statement		
December 31, 1952	\$12,689.59	
Rents	4,167.00	
Grants: New Brunswick Dental Society		
(for 1952)	500.00	\$17,356.59

DISBURSEMENTS

Repairs and Maintenance	906.07	
Alterations to Building	612.00	
Furniture and Equipment	419.95	
Taxes	663.90	
Mortgage — Principal	7,750.00	
— Interest	368.76	
Janitor	450.00	
Heat	369.19	
Gas and Water	291.11	
Light	295.57	
Insurance		
Audit	60.00	
General Expense	5.00	
		\$12,191.55
ESTIMATED BALANCE Sept. 30th, 1953		\$ 5,165.04

Appendix B

BUDGET

For 1954

RECEIPTS:

C.D.A. Rent	\$ 3,600.00	
R.C.D.S. Rent	1,260.00	
O.D.A. Rent	696.00	\$ 5,556.00

DISBURSEMENTS:

Repairs and Maintenance	1,000.00
Furnishings and Equipment	500.00
Taxes	750.00
Janitor Services	650.00
Heat	600.00
Gas and Water	350.00
Light and Power	400.00

HOUSING

Insurance	265.00	
Audit	60.00	
Reduction of Dept	00.00	
Sundries	100.00	5,175.00
SURPLUS		\$ 381.00

COMMENT

1. We are pleased to be informed of this situation.
2. (a) We are happy to know of the healthy condition of the finances.
(b) We would suggest that the efforts of Mr. McKinnon be recognized by an appropriate letter.
3. We observe with profound satisfaction the liquidation of the mortgage and would commend those who are responsible for this magnificent effort.
4. We would commend the Housing Committee for their objectives as outlined.
5. We agree.

Summary

We concur and would congratulate the Housing Committee on its splendid performance.

APPROVED

DENTAL EDUCATION

MEMBERS OF DENTAL EDUCATION COMMITTEE: W. S. HAMILTON, Chairman, Edmonton, Alta.; R. G. ELLIS, Toronto, Ont.; HARVEY W. REID, Toronto, Ont.; A. L. WALSH, Montreal, P.Q.; WILLIAM MILLER, Vancouver, B.C.; ARMAND FORTIER, Montreal, P.Q.; R. O. WINN, Kitchener, Ont.

REPORT

1. The Council held a meeting at headquarters in Toronto on January 26th and 27th, 1953. Dr. Armand Fortier was welcomed as a new member replacing Dean Ernest Charron. All members of the Council were present, with the exception of our President, Dr. Ratté. This has never been known to happen, however, on hunting engagements. Non-members in attendance included Dr. Harry Brown and Dean Mowry, and no meeting can proceed or progress without our Secretary, Dr. Don Gullett.

General Anaesthesia

2. In dealing with our report of last year, page 140 of the transactions, respecting General Anaesthesia, you instructed us as follows: — “We would recommend that the Council deliberate further and make recommendations to this Board at a later date”.

3. In the report of last year the chairman made an attempt to present all the attitudes expressed and it must be apparent that there is genuine confusion in the minds of educators on this point. There have been tremendous advances in this science in recent years. Furthermore, with reference to dental education generally it is found that local conditions and customs add to our dilemma. Students in different centres are not all trained in exactly the same way. Some schools have their own basic science departments, whereas in others such training is given in the departments of the medical school, and often they are taken jointly with medical students. In Anatomy, for example, in some cases the dental students are mixed with medical students in the dissecting room, while in others the cadavers are so scarce that the dental student does little or no dissecting and all he sees is demonstrations. The same pertains to all basic science training. Perhaps the final reports of the Survey Team may give us more details in these matters.

4. There are also vast differences in the clinical training in Oral Surgery and Anaesthesia. In some cases students have access to hospitals for clinical training, whereas in others all instruction is given within the dental school clinic and on out-patients only. Anaesthesia under such conditions is in some cases restricted to nitrous-oxide-oxygen.

5. The above are observations of your Chairman and are offered as explanation for the confusion which exists. At our recent meeting it was reported by Dean Mowry that at McGill dentists had been accepted into the department of Anaesthesia as internes, given training on the same basis as medical graduates and had received certificates. When asked if that could be done in Toronto,

Dean Ellis replied, "I doubt it". It must also be remembered that in Medicine, clinical experience in anaesthesiology is not given to undergraduates. It is a part of interne training.

6. Insofar as protection in court of law is concerned, the important point to keep in mind is that, regardless of statutes, a man is entitled to practice only what he is trained to do and that custom is stronger than law.

7. I regret to report that the Council was not able to act more effectively on your request, and the matter was closed with the following motion—"That the council re-affirms its opinions regarding General Anaesthesia, as expressed in the motion passed at the previous meeting".

Dental Students Register

8. This report is sent to each of you annually as part of the Governors' Letter. It is a very important document, and shows the trends of the times. The whole profession should be concerned over the present situation, where on the one hand this Council is exerting great efforts to promote the establishment of dental schools, while on the other the applications for admission to the study of Dentistry are going down. Since the meeting of the Council a statement of a member of the profession has been widely quoted in the press. It indicated that out of some 428 applicants for dentistry our schools were able to accommodate only 202. While these figures are according to the returns sent in by the deans, their accuracy is open to question, and do not agree with the discussion which took place at the last meeting of the Council. An applicant and a qualified applicant are entirely different. I do not know how the other schools screen these people, but in Alberta the applicant who is academically unqualified does not get beyond a clerk in the registrar's office, so the admissions committee does not even see the name. Furthermore, students have a habit of applying to more than one school. If they were to apply to three schools, as some have, and were rejected by all, they would be counted three times on any list of rejected applicants. This is a point which should receive as least as much of your attention as the building of new schools.

9. Registration in general within universities has dropped drastically since the immediate post-war years, and we have not yet recovered from the problem which we faced in those days when we had to refuse all civilian applicants in order to give priority to veterans. The story is entirely different today.

10. The reasons for this situation are obvious. The cost of dental education from the standpoint of the university and the student is too high. It is usually recognized as the most costly of all university courses. From the standpoint of the student, this added to the cost of furnishing an office does not make Dentistry an attractive vocation from a monetary point of view. On the other hand we should impress the prospective candidate with the opportunity Dentistry offers for public service, and an independent existence.

11. The Association has available some material to assist in securing candidates for dentistry. The pamphlet "Dentistry as a Career" is proving very useful. It is available from C.D.A. Headquarters.

DENTAL EDUCATION

12. A film strip and explanatory pamphlet, "Careers in Canadian Dentistry", was produced by the Dental Alumni, University of Toronto, and the Council approved it. The Association then had it reproduced and copies are available from Associated Screen News, 108 Peter Street, Toronto 1, Ontario, at \$2.50 per copy. This is suitable for dentists wishing to give lectures to such groups as home and school associations, high school students, etc.

Financial Assistance to Students

13. While present aid is some encouragement to students it will not entirely solve the problem of student supply. Since the war we have had the Dominion-Provincial Fund in all Canadian Universities, and this year the amount available has been increased in at least one province. Only students in the upper grades are eligible but since in most Dental schools a higher average is required for a pass, most of our students qualify. This fund is distributed as part grant and part loan to first class students and as loans only to those with weaker records. Immigrant dentists on partial courses are eligible to apply.

14. The province of Manitoba has a plan which is worthy of mention. Students may, under certain conditions, borrow as much as \$500.00 per year. For each year they practice in a community where there is no dental service, \$500.00 of the debt is cancelled. They had a number of disappointments in the past but are hopeful that the new agreement recently adopted will give better results.

15. Each school has available a certain number of scholarships and prizes but they are so limited that they cannot do a great deal to lighten a student's financial load. We need a campaign to remind our wealthy members that they owe a debt to the profession which has made their worldly possessions a possibility. On the other hand it would be a poor policy to make too many hand-outs to students. If they are going to be strong they must make an effort to gain an education. It was felt by some that it would be much better to use available money to reduce university costs rather than turn it over for students to dispense. On the other hand if the government supplies a lot of money directly to universities there is the danger that they will expect to direct policy. This has happened to some extent already and in the United States all schools fear for the future. Some of our provincial governments hesitate to accept federal aid for fear that in future such aid will be cut off and they will be left with a heavy load to carry.

16. The following motions were passed by the Council: —

17. (1) "That this Council favours the granting of bursaries on a meritorious basis but does not favour overall bursaries open to all students."

18. (2) "That in view of the greatly increased cost in obtaining a dental education this Council favours increased grants to university authorities with a view to reducing the fees and academic cost now paid by the student to the university."

19. Provincial Health Survey

This is the first time we have brought this matter before you and we have dealt with it only insofar as it pertains to educational problems. Nearly all provincial submissions contained the same request: "We need more dentists and we need hygienists". The points referred to in the Surveys will be dealt with under the various topics in which they belong.

Hygienists

20. The hygienist problem has been particularly acute. Some of the Dental Schools have made efforts to establish courses but Toronto is the only one which has been successful. Because of the small registration in the first years at Toronto, there is a feeling in some quarters that young women do not appear to be very interested.

21. We were asked for our opinion regarding the establishment of a school for hygienists outside and independent of a dental school. This was condemned as improper since they would have no contact with dental procedures beyond their own field, and for other reasons, nor could they be properly trained.

22. Once again letters have been sent to Presidents of Universities with Dental Schools urging them to establish courses for hygienists but so far there has been little response.

Brochure Respecting Dental Hygienists

23. At our 1951 meeting a committee was appointed to prepare this brochure. Since many dentists do not fully appreciate the work of the hygienist it was felt that something was required to make them familiar with her qualifications and function. This brochure has since been printed and has been distributed to the membership.

Survey of Dental Schools

24. There is nothing definite to report in this connection since all information is confidential and will be held so within the personnel of the survey team until such time as they have prepared their final report. They are to inspect the schools once again during the present academic year and will likely report to the next meeting of the Council.

List of Approved Dental Schools

25. This list is brought up to date each year and is available for anyone wishing information on this matter.

Curricula

26. Each year the Deans are asked to provide particulars of the time devoted to the teaching of each subject. This is for comparison and guidance but no attempt is made to establish a standardized curriculum in all schools. The Council feels that within certain limits it is preferable for them to retain individuality.

DENTAL EDUCATION

Dental Council of Canada

27. Dr. Winn, President of the Dental Council of Canada and representative on our Council on Dental Education made a statement at our last meeting which should be included in this report since it is so well prepared. It appears as Appendix A to this report.

28. The resolution passed at our meeting is as follows.

29. "The Council on Dental Education of the Canadian Dental Association hereby goes on record as appreciating the excellent contribution made by the Dental Council of Canada and its predecessor, the Dominion Dental Council on conducting for many years a national examination. This pioneer work has been of considerable assistance to many of our Canadian provinces. The devotion shown by individual members giving so much of their time and thought is highly commendable. A debt of gratitude is hereby expressed for the magnanimous manner in which the Dental Council of Canada is cooperating with the Canadian Dental Association during this transitional period of transferring the administration of this all important work to our National Body."

National Examining Board

30. The two representatives from the Council to the National Dental Examining Board are Dr. Ellis and Dr. Fortier.

European Graduates

31. There is very little new information regarding this problem. You all know what happened in Newfoundland but it was since the meeting of our Council. Generally speaking our statement regarding the standing of these people is accepted by those who become concerned over their non-acceptance for license to practice. It is included as Appendix B.

Academic Qualifications for Graduate Training

32. This is a topic which is of great importance since today more dentists are thinking about training beyond graduate level. This is the result of some provinces having established requirements for specialization, as well as a demand for special training for teachers and research workers.

33. A committee of the Council produced a progress report at our last meeting which outlines the principles behind certain requirements for specialists' training. It is attached as Appendix C.

34. The committee is to bring in a more detailed report at our next meeting.

Dental Teaching in Hospitals

35. This was introduced by way of a statement from the Hospital Dental Services Committee, which has a terrific problem on its hands, and one which is becoming more complex with the increase in hospital beds during the last few years.

36. The report states that only a few of the profession have been doing anything in the way of providing hospital services.

37. In cases where space has been provided for dental services in newly constructed hospitals, complaints have been received at Canadian Dental Association Headquarters that the profession in the area would not cooperate.

38. Insofar as hospital teaching is concerned this is, to a large extent, on a non-remunerative basis and includes instruction to medical and dental internes and nurses. From a clinical standpoint it involves the treatment of clinical as well as private patients, in other words whether there is a fee forthcoming or not.

39. The matter was disposed of in the following motion:

40. "That this Council receive the Report of the Hospital Dental Services Committee on Dental Teaching in Hospitals, and recommend to the Board of Governors that consideration be given to study by the corporate bodies as to the feasibility of requiring a year of internship of students before granting their licence to practise."

41. There are few things that would elevate the status of Dentistry more as would the enactment of this resolution, but it can only be accomplished through a generous attitude on the part of all the members of the profession, which as expressed in the statement, has not existed to date.

Aptitude Testing Programme

42. As previously reported, no student can enter an American Dental School without first passing the aptitude test conducted by the Council on Dental Education. The American Dental Association spent considerable money establishing this programme. At the present time the cost is taken care of by charging the students a fee.

43. What we have in mind is attempting to use the American programme for our students. It would have to be all-inclusive and the results accepted by all universities. A committee is making a further study.

Teacher Training

44. There is nothing definite to report on this topic. We, and particularly the teachers, are very conscious of the need for instruction in the Methodology of Teaching.

Fellowship in Dental Surgery, Royal College of Dental Surgeons of England

45. This is an academic standing in England which is very high on the scientific side of Dentistry. I might even venture to say that it is as high or higher than anything we have on this continent. It may be that most of these people could not meet our technical requirements, but when we consider their over-all achievements many of us feel that Canada is losing a great deal in not admitting them to licensing examinations. In teaching and research they might

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excel. One or two provinces already admit British graduates to their board examinations.

46. Our recommendation is contained in the following resolution: —

47. "That this Council approves and recommends to the Board of Governors that Corporate Members be asked to accept for examination without further attendance at a dental school those dental graduates who possess the Bachelor of Dental Surgery degree from the University, plus Fellowship in Dental Surgery of the Royal College of Surgeons in England, being considered as at least equivalent to Canadian graduate standards."

Humanities in Dental Education

48. The lack of cultural training in professional courses is a topic which has come up periodically in the senate of some of our universities. This is not surprising, since universities are essentially for training the mind, and the Humanities deserve priority.

Conclusion

49. In conclusion, I can best express my feelings by wishing that my successor receive the same degree of tolerance and cooperation that I have enjoyed in presenting the reports during the past years.

Appendix A

STATEMENT BY PRESIDENT, DENTAL COUNCIL OF CANADA

To members of the Council on Dental Education:

As the subject of a National Dental Examining Board originated within this Council, it would appear fitting that a statement of the status quo of the National Dental Examining Board and the Dental Council of Canada be presented for the records of this meeting and accordingly, by request of the Secretary, I submit the following:

The Dental Council of Canada held its regular biennial meeting in Vancouver June 12 - 14th, 1952 coinciding with the annual meeting of the Canadian Dental Association at which time a committee of the Dental Council was asked to meet with the Reference Committee of the C.D.A. to discuss matters pertaining to the New Examining Board.

Those present at this meeting:

	Dr. G. Ratté, Québec City, P.Q.
	Dr. R. R. McIntyre, Calgary, Atla.
Representing C.D.A.	Dr. Harold Cline, Vancouver, B.C.
	Dr. Emery Jones, New Westminster, B.C.
	Dr. Don W. Gullett

and

Representing D.C.C. Dr. H. L. Freeland, Calgary, Atla.
Dr. H. J. Merkeley, Winnipeg, Man.
Dr. H. H. Peters, Saint John, N.B.

Dr. Ratté acted as chairman.

A statement from the Dental Council was read, discussed paragraph by paragraph and appears below as amended and approved by both the C.D.A. and the D.C.C.

STATEMENT OF POLICY

As submitted by The Dental Council of Canada to the Board of Governors, Canadian Dental Association

1. For almost 50 years the Executive of the Dental Council of Canada has faithfully served the Profession. It has blazed the way and helped to maintain high professional and ethical standards for all of us. During that period, 1799 Certificates of Qualification have been issued by the Council.
2. It has, however, looked forward to the day when the Canadian Dental Association could assume its proper role in all national dental fields and is very happy to know that soon, plans for a National Examining Board will be finalized.
3. It is recognized that some time will be needed to iron out all the necessary details and produce a smoothly-functioning organization; but it is the hope of the Dental Council of Canada that this can be accomplished within the next few years so that the Council may then wind up its affairs, transfer its funds and terminate its existence without a chance of our Profession being left without a proper Inter-Provincial Examining Board.
4. To ensure the continuity of an Examining Board, it is necessary that certain questions be settled promptly. These we have listed as follows:

We Recommend:

- (a) That the records of the Dental Council be turned over for the use of the new Organization and when this function has been completed, that these records be given in Trust to the Canadian Dental Association as an historical record.
 - (b) That a Slate of Officers of the Dental Council of Canada remain in existence for a short period to handle unfinished business.
 - (c) That the existing Certificates of the Dominion Dental Council and the Dental Council of Canada continue to be recognized by the agreeing Provinces as of this date as valid.
5. In the meantime, as a significant gesture of goodwill and earnest co-operation, the Dental Council of Canada is happy to contribute the sum of \$6,000.00 to assist the National Examining Board in organizing its work and

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launching itself on what we sincerely hope may be a very long and successful career that will be a great factor in maintaining the present high standard of professional examination and in furthering goodwill and understanding amongst the Members of our Profession from Coast to Coast.

Later the C.D.A. in general session asked their executive to take immediate action for the functioning of the National Dental Examining Board of Canada and also request the Dental Council of Canada to continue for a period of one year.

The following resolution was presented to and adopted by the C.D.A.:

Whereas — The Dental Council of Canada for the past fifty years has served the dental profession of Canada by providing facilities for the examination and qualification of candidates to practice the profession on an almost complete national basis,

And whereas a National Examining Board is soon to be realized as a corporate body sponsored by the Canadian Dental Association,

And whereas the Dental Council of Canada has graciously consented to aid in the realization of the ultimate fulfillment of this national qualifying body by both their willingness to continue to function until such time as the National Examining Board is in operation as well as financial supplement,

Be it resolved that appropriate recognition be tendered to the Dental Council of Canada by the Canadian Dental Association.

Respectfully submitted

R. O. Winn, President.

Dental Council of Canada.

16 January 1953.

Appendix B

STATEMENT RESPECTING EUROPEAN DENTISTS

Submitted at request of
Canadian Citizenship Council

In order to fully understand the situation respecting graduate dentists of European countries immigrating to Canada, some explanatory statement is necessary.

The type of training for the practice of dentistry in European countries is entirely different from that obtained in the United States and Canada. In addition, the type of training varies considerably from country to country in Europe. The result of this situation means that all applicants must be considered on an individual basis.

It should be further stated that several European countries have two or more entirely different types of practitioners in dentistry, all of which makes

for a very complicated situation. For example, in Germany there are three main types namely: —

Zahnarzte — A university graduate, but the course taken cannot be equated with courses given on this continent.

Dentisten — One who has worked at the trade of dental technician for a period of three or more years and then attended a short course of two years in an institute.

Zahntechniker — One who has worked at the trade of dental technician only. (These are the three main groups. In addition there are some variations.)

In some of the professions, until recent years, members went to European schools for graduate training. In dentistry the exact opposite trend has always obtained in that European graduates have always come to United States and Canada for graduate training.

The Council on Dental Education of the Canadian Association has given considerable study to this subject. With the experience of the last ten or fifteen years the following policy has been evolved.

A preliminary academic examination under university authority is given to determine knowledge as displayed by this examination, he is informed what training is necessary in order to meet equivalent standing for Canada. This examination is known as a Qualifying Examination. Owing to the wide variation of dental training in European countries this examination is essential.

Following the Qualifying Examination the candidate is offered available places in the dental schools for necessary training. Experience has shown that for the most part these applicants require from two to three academic years of training. However, provision is made for an applicant to reduce the time involved, if his progress merits promotion more rapidly.

Training facilities for dentistry in Canada are very limited. We have only five dental schools and the accommodation in each is limited by clinical facilities. However, it can be stated that the Deans have made every possible effort to provide training for these applicants. There are 20 or more of these individuals enrolled in Canadian dental schools at the present time and a considerable number have graduated.

All practising dentists in Canada are university graduates, but a large proportion of these applicants do not possess university training. The fact that all these immigrants become known as dentists on arrival in Canada no matter what type or category they held in their own country, helps to confuse the situation. In reality, many of them bear little semblance to the individual recognized as a dentist in Canada.

While the Canadian Dental Association has through study and experience established this policy, it should be noted that licensure is a provincial matter. Each province has specific regulations respecting the registration of dentists.

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However, it is my opinion that generally speaking, the provincial licensing boards follow the above stated policy.

We believe that this policy is an equitable one which meets our responsibility in retaining equivalent standards for the practice of dentistry in Canada. In further proof of this point a voluntary letter published in the *Edmonton Journal* on October 25th, 1952 and signed by six dentists in this category has recently come to our attention. We enclose copy as published in our *Governors Letter*.

5 December, 1952.

Appendix C

Report of Subcommittee "TO STUDY THE QUESTION OF ACADEMIC QUALIFICATIONS FOR SPECIALISTS"

The needs for continuing education for the dental graduate may be four-fold.

Firstly, there is the general practitioner who desires a refresher course, designed to review things he learned in his undergraduate course and to provide new information and knowledge revealed by research and experience since his graduation from dentistry.

Secondly, there is the dentist who has a yearning for teaching. He recognizes the need for advanced study in his particular field, so that he may combine a background of dental science with practical experience in his capacity as a teacher.

Thirdly, there is the potential research worker whose intellectual curiosity, imagination, and ability to think, stimulate him to a comprehensive study of fundamental science.

Fourthly, there is the dentist who would prepare himself to be a practicing specialist. He requires a breadth of knowledge in the biological sciences which are prerequisite to the specialty, and extensive experience in the art of the specialty.

While in some respects there are common requirements in the training program for the teacher, the research worker and the specialist, we must recognize fundamental differences in the academic requirements for each of these groups.

In a summary of a Conference sponsored by the W. K. Kellogg Foundation on Graduate and Post-Graduate Dental Education held at Battle Creek, Michigan, May 10 - 12, 1948 — we find reference to the education of the specialist as follows:

"The primary qualifications of the specialist are knowledge and skill in the science and technics of diagnosis and treatment of disease and abnormalities coming within the scope of his specialty."

There is the great possibility that the student proceeding through a

specialist curriculum may become merely a highly skilled technician in his special field if this curriculum is not broad enough. Intense study of the prerequisite sciences, whether biological or physical, which are basic to the special field, must be included in such a curriculum. A full appreciation of the modern health — scientist's obligation to society will be realized best by those whose training has been comprehensive. Quoting again from the Kellogg Report referred to above it is stated: "There seems to be sufficient evidence that a properly motivated graduate curriculum can produce a dental specialist who has been improved technically, has been made keenly critical of information, has been conditioned to develop a research approach to clinical problems, has been made conscious of professional and community responsibility and has been enticed to explore the literature of ever widening fields of human activity in order to secure more precise diagnosis, more highly skilled and rational treatments, a better professional adjustment and a highly cultured bearing, along with his unusually specialized ability to contribute to the improvement of society."

To be specific regarding details of a curriculum for each of the recognized specialties would be a difficult task at this stage. Attempts were made in one dental school (Toronto) to prescribe a common basic course in Anatomy, Histology, Physiology, Bacteriology (and) Pathology, and Medicine for candidates in each of the specialties. However, during a six year period, there has been a strong tendency to modify this common pattern to meet the individual needs of each particular group. It might be more logical, at this stage in the development of a course or courses designed to fulfil the academic qualifications for specialists to provide for a minimum total number of hours of training with a certain percentage of the total hours, (being recognized as a minimum), for study of the fundamental sciences prerequisite to each specialty. With the limited amount of data presently available on this subject your Committee begs leave to present this report as a progress report at this time. They would welcome further instruction from the Council respecting the amount of detail expected in a future report.

Respectfully submitted,

Ernest Charron

G. Vernon Fisk

Roy G. Ellis, Chairman

January 15, 1953.

COMMENT AND RESOLUTION

1. We feel that it is quite understandable that our President must at times forego certain demands on his time and he is not answerable to the chairman of this Committee as to the reason.
- 2.-11. Agreed.
12. Approved and consideration be given to having this film in colour.
Resolution: "Be it resolved that the conduct and example of the

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members of our profession in a community is in our estimation the greatest means of bringing young men into the profession of dentistry”.

We also recommend the use of the pamphlet and film strips.

13. We commend the financial assistance offered by governments in helping to finance the education of our young men for Dentistry.

One item of information which was not made available to us in this report on financial assistance to students was the plan offered by the government known as the Subsidisation Plan.

This plan offers a young man the financing of his final year to the extent of two hundred and ninety-nine dollars per month for eight months plus the cost of tuition and books and an allowance for instruments to the value of seventy-five dollars. He must agree to serve five years in the R.C.D.C. following graduation.

There is also another plan known as R.O.T.P. (Reserve Officers Training Plan). This is a five year plan and offers ninety-five dollars a month for each subsequent year. He receives summer holidays with full pay of a second lieutenant which is \$170 per month plus eighty-nine dollars per month subsistence allowance. To receive this he serves three years in the Dental Corps after graduation.

It was felt we should advise you of what is being done by the government to assist young men in securing a dental education if they are willing to serve in the Armed Forces after graduation.

14. It is recommended that the Council secure further information relative to the action of the Manitoba Government and that this information be brought to the attention of other Provincial Health Departments.

15.-30. Agreed.

31. It is suggested that the Executive might deal with this situation which has affected our profession in Newfoundland. It is, as we realize, a situation which must be handled most diplomatically to obtain any results. We concur in the adopted policy of the C.D.A.

32.-44. Agreed.

- 45.-47. It is suggested this matter be referred to the Council for further information.

48.-49. Agreed

We extend our thanks and appreciation to Dr. Scott Hamilton, Chairman of the Council on Dental Education who for several years has given direction, time and thought in the work of this Council. We feel sure he will continue to lend of his experience when called upon and we again offer our sincere thanks.

We recommend the adoption of the Report of the Council on Dental Education, as amended.

APPROVED

MEMBERS OF BY-LAWS COMMITTEE: J. STANLEY BAGNALL, Chairman, Halifax, N.S.; G. L. CAMERON, Ottawa, Ont.; S. A. MOORE, London, Ont.; W. M. BLAIR, Calgary, Alta.; G. M. DEWIS, Halifax, N.S.

REPORT

1. Your By-Laws Committee reports that the "Constitution", "By-Laws" and "Terms of Reference", as revised and approved at the Fiftieth Meeting at Vancouver, June, 1952, have been published in booklet form by the Headquarters Office. Your Committee is very pleased with the style of this booklet and hopes that it will be helpful to officials and committee members.

2. A letter received from the Secretary stated that at the June meeting of the Executive the following resolution was passed:

"That the Executive recommend the suspension of the first sentence of the terms of reference of the Finance Committee and that the Chairman for a trial period carry out as an individual the duties assigned to the Committee."

3. It has been found in practice that the present method does not work well. The Finance Committee is spread across the country and does not have the opportunity to hold a meeting. It has been found that there is a real opportunity for misunderstandings to occur between the Finance Committee and the Executive. The Secretary reports that this present arrangement has at times created a situation which was a bit difficult. The set up of our Association with a Finance Committee is an unusual one, since it is generally customary to have a treasurer, or an honorary treasurer, who acts in an advisory capacity to the executive.

4. It is the opinion of this Committee that the resolution by the Executive is not a request for a change in the Terms of Reference for the By-laws, but rather a form of notification for a change in procedure for the present. We are in agreement and recommend that the opening sentence in the Terms of Reference for the Committee on Finance: "The Committee . . . its annual Meeting" be suspended for a trial period. We recommend further, that this change in procedure be carried out for a limited trial period, of say two years, and be again reviewed at that time.

5. Your chairman wishes to record his sincere thanks to the other members of the Committee for their fine cooperation.

HEALTH INSURANCE STUDIES

MEMBERS OF HEALTH INSURANCE STUDIES COMMITTEE: HARVEY W. REID, Chairman, Toronto, Ont.; C. A. E. McCABE, Valleyfield, P.Q.; T. R. MARSHALL, Toronto, Ont.; L. V. JANES, Hamilton, Ont.; W. R. SCOTT, Vancouver, B.C.; J. F. BROWN, Winnipeg, Man.

REPORT

I. During the year your Committee has kept in touch with developments on the Federal and, as far as possible, on the Provincial level.

II. Your Committee met at C.D.A. Headquarters on November 14 and 15 and begs to report the following action:

(1) Dr. R. Langlois, Quebec, Dr. Fred Brown, Winnipeg and Dr. W. Scott, Vancouver, were welcomed as new members of the Committee.

(2) Dr. H. K. Brown, Department of National Health and Welfare, Ottawa; Dr. R. Grainger, Department of Health, Ontario; and Dr. V. Keenan, Chairman, Ontario Health Insurance Studies Committee, were welcomed and contributed greatly to the deliberations of the Committee.

(3) Three reports that had been tabled at the previous meeting were considered. As these were presented at the Board of Governors Meeting, June 1952, they are not reproduced. (See C.D.A. Transactions 1952, pages 53-74.) The Committee approved all three reports, with this exception, MOTION: That the fee schedule as outlined in Appendix B of the Health Insurance Studies Committee Report, Canadian Dental Association Transactions 1952, page 67, be revised as follows:

Simple alloy filling from	\$2.00 to \$3.00
Emergency Treatment from	\$2.00 to \$3.00

As the previous Fee Schedule was adopted by this Board of Governors for computation purposes only, Action will be necessary on this revision.

(4) Dr. Grainger was asked to bring the table of costs in harmony with these changes in the Fee Schedule. The rather startling changes in cost per capita may be gleaned by comparing Appendix A (old fee schedule) and Appendix B (new fee schedule) as appended.

(5) Careful study was given to the Recommendations of the ten Provinces as contained in the Provincial Health Survey Reports prepared under Federal Grants for the purpose. Particular attention was paid to the Recommendations re dental services.

(6) A review study was made of the Basis of Payment for a Health Insurance Program as contained in Canadian Dental Association Transactions 1949, page 79. This is a live topic in some provinces and it was deemed expedient to acquaint the Members of the previous action.

(7) Dr. Gullett presented a report of his study of the British Health Plan made during his visit there in July. Direction was given that a copy be sent to each Member of the Association accompanied by a letter from the Chairman. This was done March 2, 1953, Appendix C.

(8) Request had been made by the Canadian Welfare Council, who were studying the question of Health Insurance, for a statement of policy by the Canadian Dental Association. The following statement was presented, approved and forwarded and appears as Appendix D.

(9) Reports were presented from some of the Provincial Health Insurance Studies Committees. These were very instructive and assist greatly the work of the Committee. It is hoped that these will be continued and increased.

III. Items of Interest

(a) Announcement on May 1st 1953 by Hon. Paul Martin of new grants to provide (1) better health care for mothers and children. (2) better health care for the disabled (3) better facilities and services to help doctors diagnose the illness of their patients.

This is the first step taken under the Federal Health Plan *into the field of treatment services.*

(b) Publication of the No. 1 Compilation of "Family Expenditures for Health Services" under the Canadian Sickness Survey, 1950-51. This report contains figures vitally interesting to this Committee. Compilation 2 and 3 is expected shortly.

(c) Socialized Dental Services in New Zealand have been the subject of much study by the Committee: A very interesting Report is to hand of a study made by a Special Committee of and approved by the New Zealand Dental Association in which there is a decided change in the attitude of the New Zealand dental profession to the present socialized services.

IV. Recommendations

(a) That as soon as the other Compilations of the Canadian Sickness Survey are available, a meeting of the Committee be held.

(b) That Provincial Committees endeavour to report to this Committee any studies or actions taken in their province.

(c) That the same amount be placed in the Budget for the use of the Committee in the ensuing year.

V. The Chairman wishes to express his thanks to the Members of the Committee, to Dr. H. K. Brown, Dr. R. Grainger and to the Secretary of the Canadian Dental Association for their valuable assistance and cooperation throughout the year.

SUPPLEMENTARY REPORT OF HEALTH INSURANCE STUDIES COMMITTEE

1. After the original report had been printed, the report of the British Columbia Health Insurance Studies Committee was received. Your chairman deemed it of sufficient interest to include it as Appendix E.

TABLE I
Prevalence of Dental Defects Among Ontario School Children by Age, plus/ Per Capita Treatment Costs

Appendix A.

estimated

Age Last Birthday	% with no Treatment	% with fillings and extractions complete	D. M. F.	d. e. f.	No. of unfilled carious surfaces	No. teeth need- ing extracting	% having mal- occlusion	% having abnor- mal gingiva	% needing root canals	% having frac- tured ant. teeth	Periapical x-ray per./cap	% having lost perm teeth	% having lost deciduous teeth	% needing space maint. 2/3 decid. teeth	No. of children observed	Cost Per Capita (*)		Cost per cap. less space maintainers	
																Fee	Time	Fee	Time
2				0.60	0.60	0	*		%	%	£		0	*£	98	1.20	0.15	1.20	0.15
3				1.60	1.50	0.00							0.01	0.01	106	3.15	0.39	3.00	0.38
4				5.40	4.60	0.10							0.33	0.22	156	12.80	1.39	9.50	1.17
5	67.8	5.8	0.16	7.31	4.24	0.23	0.11	0.01		0.00	0.10	0	0.28	0.19	1942	15.32	1.32	12.47	1.13
6	68.8	7.0	0.60	8.20	4.56	0.39	0.14	0.01		0.00	0.05	0.01	0.38	0.25	3200	14.24	1.48	10.49	1.23
7	66.2	5.8	1.45	8.85	4.40	0.54	0.15	0.02		0.01	0.03	0.01	0.45	0.30	3028	15.38	1.55	10.88	1.25
8	53.8	8.4	2.79	8.99	4.19	0.63	0.17	0.06	?	0.02	0.05	0.04	0.51	0.34	3548	16.47	1.63	11.37	1.29
9	50.7	9.4	4.13	7.20	3.89	0.54	0.21	0.07	0.04	0.03	0.15	0.11	0.47	0.31	3051	16.25	1.56	11.60	1.25
10	43.0	14.0	5.54	4.13	3.23	0.52	0.21	0.09	0.05	0.04	0.18	0.16	0.34		2969	10.83	1.22	10.83	1.22
11	41.3	12.1	6.82	2.10	3.13	0.44	0.26	0.10	0.05	0.05	0.18	0.19	0.21		2813	10.69	1.21	10.69	1.21
12	36.2	12.0	8.61	0.95	3.18	0.42	0.30	0.12	0.04	0.07	0.15	0.27	0.17		2588	11.12	1.27	11.12	1.27
13	38.3	9.3	10.46	0.40	3.68	0.51	0.39	0.13	0.06	0.08	0.17	0.37	0.10		2201	13.05	1.48	13.05	1.48
14	45.3	7.2	11.46	0.21	4.19	0.69	0.36	0.10	0.09	0.10	0.19	0.46	-			15.18	1.68	15.18	1.68

All Ages Distribution of Unit Costs (Cont'd on next page)

All Ages Distribution of Unit Costs (cont'd from previous page)													Averages All Ages			
Fee				2.00	3.00		10.00	15.00	20.00	2.00			11.97	1.26	10.11	1.13
Time				.25	.20		1.50	1.50	2.00	.10						
%cost				59.3	9.8		4.6	3.2	5.0	1.6						
%time				69.16	6.09		6.40	3.05	4.63	0.79						

*** Used to calculate costs**

Source: Ontario Public Health Officers 1951.

£ Not derived from survey directly

Note: These figures are obtained by clinical examination only and figures for prevalence of caries would be increased considerably (40%) by radiographic examination.

TABLE I
Prevalence of Dental Defects Among Ontario School Children by Age, plus/ Per Capita Treatment Costs
estimated

Age Last Birthday	% with no Treatment	% with fillings and extractions complete	D. M. F.	d. e. f.	No. of unfilled caries surfaces	No. of teeth needing extracting	Per capita malocclusion	Per capita abnormal gingiva	Per capita root canal need	Per capita frac- tured ant. teeth	Periapical x-ray per./cap	Per capita lost perm teeth	Per capita lost deciduous teeth	Per capita space maint. need/2/3 decid. teeth	No. of children observed	Cost Per Capita (*)		Cost per cap less space maintainers	
																Fee	Hours Time	Fee	Hours Time
2				0.60	0.80	0	*	*	*£	*£	*£		0	*£	98	2.50	0.15	2.50	0.15
3				1.60	1.50	0.00							0.01	0.01	106	6.39	0.39	6.24	0.38
4				5.40	4.60	0.10							0.33	0.22	156	22.74	1.39	19.44	1.17
5	67.8	5.8	0.16	7.31	4.24	0.23	0.11	0.01		0.00	0.10	0	0.28	0.19	1942	21.15	1.32	18.30	1.13
6	68.8	7.0	0.60	8.20	4.56	0.39	0.14	0.01		0.00	0.05	0.01	0.38	0.25	3200	23.41	1.48	19.66	1.23
7	66.2	5.8	1.45	8.85	4.40	0.54	0.15	0.02		0.01	0.03	0.01	0.45	0.30	3028	24.22	1.55	19.72	1.25
8	53.8	8.4	2.79	8.99	4.19	0.63	0.17	0.06	?	0.02	0.05	0.04	0.51	0.34	3548	24.51	1.63	19.41	1.29
9	50.7	9.4	4.13	7.20	3.89	0.54	0.21	0.07	0.04	0.03	0.15	0.11	0.47	0.31	3051	23.60	1.56	18.95	1.25
10	43.0	14.0	5.54	4.13	3.23	0.52	0.21	0.09	0.05	0.04	0.18	0.16	0.34		2969	16.74	1.22	16.74	1.22
11	41.3	12.1	6.82	2.10	3.13	0.44	0.26	0.10	0.05	0.05	0.18	0.19	0.21		2813	16.07	1.21	16.07	1.21
12	36.2	12.0	8.61	0.95	3.18	0.42	0.30	0.12	0.04	0.07	0.15	0.27	0.17		2588	17.07	1.27	17.07	1.27
13	38.3	9.3	10.46	0.40	3.68	0.51	0.39	0.13	0.06	0.08	0.17	0.37	0.10		2201	19.82	1.48	19.82	1.48
14	45.3	7.2	11.46	0.21	4.19	0.69	0.36	0.10	0.09	0.10	0.19	0.46	-			21.09	1.68	21.09	1.68

All Ages Distribution of Unit Costs (Cont'd on next page)

All Ages Distribution of Unit Costs (cont'd from previous page)

[illegible]

*** Used to calculate costs**

**** Fee varies with Filling material and complexity of the restoration, see Table 5.**

	Not derived from survey directly	Derived from survey directly
1. Age		
2. Sex		
3. Marital status		
4. Education		
5. Income		
6. Religion		
7. Political party affiliation		
8. Attitude toward Negroes		
9. Attitude toward Jews		
10. Attitude toward Communists		
11. Attitude toward Catholics		
12. Attitude toward Protestants		
13. Attitude toward Muslims		
14. Attitude toward Hindus		
15. Attitude toward Buddhists		
16. Attitude toward Sikhs		
17. Attitude toward Jains		
18. Attitude toward Parsis		
19. Attitude toward Christians		
20. Attitude toward Moslems		
21. Attitude toward Hindus		
22. Attitude toward Buddhists		
23. Attitude toward Sikhs		
24. Attitude toward Jains		
25. Attitude toward Parsis		
26. Attitude toward Christians		
27. Attitude toward Moslems		
28. Attitude toward Hindus		
29. Attitude toward Buddhists		
30. Attitude toward Sikhs		
31. Attitude toward Jains		
32. Attitude toward Parsis		
33. Attitude toward Christians		
34. Attitude toward Moslems		
35. Attitude toward Hindus		
36. Attitude toward Buddhists		
37. Attitude toward Sikhs		
38. Attitude toward Jains		
39. Attitude toward Parsis		
40. Attitude toward Christians		
41. Attitude toward Moslems		
42. Attitude toward Hindus		
43. Attitude toward Buddhists		
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(N. B. These figures are gleaned from clinical examination only and prevalence of caries might be increased considerably (up to 40%) by radiographic examination).

Source: Ontario Public Health Officers Surveys, 1951.

HEALTH INSURANCE STUDIES

2. It would be a particularly happy situation if on future occasions a report could be included from each provincial committee.

3. Also since the time of printing Dr. Gullett and your chairman were privileged to address the dinner meeting of the E.O.D.A. at Ottawa on "Some aspects of Health Insurance Studies." Present at the meeting were Mr. A. R. Mosher, head of the Canadian Congress of Labour and Mr. Wismer, Public Relations Director of the Trades and Labour Congress of Canada. Together these men represent nearly one million members and these were happy circumstances to have them hear outlined the position of the C.D.A. relative to Health Insurance. A very fine contact was made and great credit is due Dr. Harold Beach for making the arrangements.

Appendix C

BRITISH DENTISTRY IN 1952

In 1948, when the National Health Insurance Act came into force in Great Britain a rather lengthy investigation was carried out and report made to the Health Insurance Studies Committee.

During July 1952 a much shorter period of time was spent in investigating the situation after four years of operation of the scheme. In the interests of conserving the available time it was necessary to decide upon a definite plan of investigation. No purpose was apparent in attempting to obtain information from the public at large as it has been repeatedly shown that the lay people are overwhelmingly in favour of the health scheme. This is a situation which makes it difficult for any political body to alter the plan even when incongruities become apparent. In the opinion of the writer information respecting the dentists' position practising under the scheme was most important. As a consequence this report is of a critical nature emphasizing a few of the most important criticisms made by members of the profession and in one or two instances, by men not members of the profession, but closely related with the operation of the scheme. In other words, attempt here is not to present a balanced report but rather to point out the difficulties of practising dentistry under the National Health Insurance Act.

The statement appearing under the following enumerated points are summary statements quoted only after verification by interviews with several individuals on the respective points.

1. Loss of Incentive

It is said that the worst feature of the plan is loss of incentive which has resulted in deterioration in the standard of service. From the proof given there would appear to be no doubt about this point. For the most part this situation is blamed upon the basis of payment. Every dentist gets

exactly the same fee for the same operation, no more and no less. As a result the careful skilful dentist eventually throws up his hands and eventually says 'what's the use'.

2. **Interference with Clinical Freedom**

Frustrating is the word used most often by dentists practising under the scheme. The regulations are rigid, not allowing for conditions as found in individual cases. Good practitioners are faced with the alternative of long negotiations which it is said usually end in refusal, act against their better judgment in keeping within regulations or run the risk of getting into trouble by deviating from the regulations.

3. **Discipline**

Discipline is a fearful thing. For all practical purposes discipline of the profession is not under the control of the profession but rather in the hands of the administrators of the N.H.S. Act. Infraction of the regulations to any degree is a very serious offence. Dentists state that it is almost impossible at times to abide meticulously by the specific regulations and yet not to do so may mean difficulty of a serious nature. Public funds are involved. Complaint against a dentist is considered and dealt with by a district public body and the action taken becomes press news presenting the dentist to the public in the worst possible manner as a general rule. The penalties are severe.

4. **Public Relations**

Practically everyone interviewed said "the dental profession is getting an extremely bad press". This is very noticeable in the newspapers and examples are easily collected. It is said that a very small minority of the profession is involved, probably not more than 2% but it is ham-stringing the whole profession. A few dentists made a racket out of the scheme, running an almost unbelievable number of patients a day through their offices which resulted in large incomes being officially published which the newspapers grabbed greedily. The result being a public outcry for reduction of payments to dentists. Organized dentistry attempted to present factual information to counteract these statements but the press was not interested in publishing the prepared releases.

5. **Apathy**

Many talked of the loss of spirit among members of the profession. By way of illustration several spoke of the Dentists' Bill which was presented at the last session of parliament granting autonomy. The dental profession in Great Britain has never had autonomy and this has been an objective of their endeavours for a great number of years. The Bill has some provisions for ancillary workers on which basis it was opposed. However, it was said that their long quest for autonomy does not mean what it did previous to the introduction of the health measure. Being given discip-

HEALTH INSURANCE STUDIES

linary rights means little when the real action is taken by the administrative machinery of the National Health Service Act. One of the foremost dentists said "Recognition of a profession with education controlled by a statutory body, to wit, the Dental Estimates Board, most concerned with costs, adds up to no meaning at all in autonomy".

6. Changes in Regulations

Since introduction several changes have been made in the regulations which have been mainly concerned with reducing the costs. Of course these changes have reduced the income of the dentist. Some dentists take a most reasonable and patriotic view saying that the government must conserve public funds but others say that the whole interest in the service is an economic one. The last change made is the charge of one initial pound for treatment. (In fairness it should be stated that children and welfare recipients, under certain conditions are excepted from this initial charge.) This change had a profound economic effect on dental practices. The B.D.A. opposed this stating that in order to retain some element of prevention the last pound of the account rather than the first should be paid by the patient. The objection given to this recommendation was that it could not be administered that way.

It is to be noted that the deciding point had to do with the administration and not what might be best for the health of the patient.

7. Staying Out

The decision whether or not to join the scheme has been a most vexing problem for British dentists. It will be remembered that after the announcement by the government of an unexpectedly high fee schedule (since greatly reduced) when the scheme was introduced, approximately 85% of the dentists joined immediately against the advice of the British Dental Association. It is reported that the Minister of Health at that time, has since said rather boastfully that he knew how to get them in — buy them. Gradually the number in the scheme has crept up until now approximately 97% are in the scheme. Ten dentists who had joined since the introduction of the Act were interviewed and asked specifically why they had joined. The answers were revealing for they told of their experiences in trying to stay out. All related the attitude of the general public toward them as being a dominant reason for joining. Some told of financial necessity. A few were interviewed who had stayed out and continued to carry on private practice. These men said that in order to do so it was necessary to have an old established practice. All agreed that there was no chance for a new graduate to establish a private practice.

OBSERVATIONS

1. Frequently the phrase "the greatest good to the greatest number" was heard as descriptive of the health service. Theoretically this statement means that a type of dentistry is chosen which can be performed in such a

manner as to serve the greatest possible number of people. Very often theory and practise are not one and the same. It is admitted now by men in authority that a terrible mistake was made in spreading the dental service so thin and that it should have been confined to the lower age groups. However it was stated with emphasis that once having been introduced to the whole population it can never be withdrawn.

- II. The emphasis on forms and regulations overwhelms one, until the feeling is that the most important part of the service is the administration. The neglect to complete some form or the variation from some regulation appears to be given more consideration, often of a disciplinary nature, than the actual dental health service itself.
- III. The economics of the service over-rides all other features. Public monies being involved results in much publicity being given to this point. The authorities and the representatives of the profession are continually at variance on the different phases of the subject. Both this subject and that referred to above (II) are practically foreign to the dentist on this continent and can hardly be properly understood, as they apply under the British scheme. We feel the task of professional organizations to be that of betterment of service to the public but it is suspected that the time of representatives of the profession in Great Britain is all but fully occupied with matters relating to rules, regulations and economics.
- IV. Re-examination of notes taken during the 1948 investigation furnishes some interesting comparisons. In 1948 many dentists said that the legislation was not good but they had faith in that by means of amendments the incongruities would be ironed out. After four years of effort with little, if any accomplishment, many are discouraged and express no hope for future improvement of the service. Whereas in 1948 there was little interest to be found in such points as dental health education it was surprising to have an official state that there was little use in giving dental services to those who did not appreciate the services. Recorded statements by health officials in 1948 emphasized that there should exist no handicap between the public and dental services. This year in some cases the same officials stated that there needs to be some onus placed upon the patient which is a very different attitude.
- V. Perhaps the feature which strikes most forcibly the observer from this continent is the loss of power of the dentist to control his own destiny. We have come to look upon the professional man as one who has control of his future. If he exercises reasonable skill and proficiency his future becomes rather secure but this depends upon himself as an individual. On the average this system brings to the dentist satisfactory results according to individual ability and application to his chosen task. A very different type of security exists for the British dentist which he, as an individual, can do little to control. By a simple change of government regulations his whole professional life may be tremendously altered and he is powerless to

HEALTH INSURANCE STUDIES

alter the situation. Under the present system of administration, individual skill appears to receive no reward. Indeed it would seem that quantity rather than quality brings the greater benefit to the dentist. Such conditions are foreign to those ideas we have had on this continent as conducive to the advancement of a profession.

As stated in the beginning these statements are the result of a short investigation of the British dental service purposely planned to discover the critical features. A more extended study would undoubtedly produce many points of a favourable nature. One thing is certain, there are men in authoritative places who would endeavour to correct some of the matters criticized herein if it were possible to do. However, it does appear that any major change, particularly if it can be interpreted to be in favour of the dental profession, is not likely to occur as long as the political attitude remains as it is today.

Appendix D

STATEMENT ON DENTAL HEALTH SERVICES

The Canadian Dental Association stands ready to cooperate in any feasible plan for the improvement of dental health in Canada. In making such statement it is pointed out that support to any plan will only be given when proven facilities and personnel are available to fulfil the terms stated in the plan. This Association will not willingly enter into a contract the terms of which are impossible to carry out.

Serious difficulties exist in expanding Canadian dental services. Personnel is inadequate and teaching facilities for the production of increased personnel are not available. The level of public appreciation of dental services requires elevation by intensive dental health education in order to insure the success of any future planning. Research in dentistry needs stimulus by financial support. Both health education and research are vital ingredients for the economic success of a plan and essential if improvement in oral health is to be secured.

The magnitude of the dental task is little realized by the average person. Oral diseases afflict almost 100 per cent of the people in one form or another. Recently it was authoritatively stated that 8.1 hours were required to re-habilitate the mouth of each individual taken into military service. Canada has approximately 5,000 dentists and over 14,000,000 people. The population has and is increasing rapidly. The number of dentists cannot increase to any appreciable extent unless teaching facilities are increased. Even if more training facilities were now available it would take some five or six years to secure an appreciable increase in practitioners.

In view of these above stated conditions the Canadian Dental Association recommends an intensified programme of prevention.

1. *Research* — Some hopeful signs have appeared on the horizon as a result of increased activity in the field of dental research. However, the potentialities of this field of endeavour have been scarcely explored. Enough

research has been done in the last few years to indicate tremendous possibilities. Need exists for adequate support in this field.

2. *Dental Health Education* — The statement is sometimes made that people are now educated beyond their means to pay whereas the truth of the matter is if people were better educated less means would be required. Recently an administrator of the most extensive health plan in dentistry, yet seen, said it is little use giving health services to people unless they possess a full appreciation of the service rendered. As far as dental service is concerned the economic loss in rendering services to those who have no appreciation is appalling. Provision for dental health education preceding the introduction and continuous with the operation of a plan, is essential if any measure of success is to be attained.
3. *Dental Care* — The measure of any health service is the amount of improvement in health. Prevention is the watch-word of modern health. Taking into consideration the number involved, the available personnel and the known amount of existing disease this Association is of the firm opinion that the only possible approach to the dental problem is through the younger age groups of the population. Through concentration of effort in the rendering of dental services to this segment of the population, assisted by intensified research and adequate dental health education programmes, we believe improved dental health can be attained.

Appendix E

BRITISH COLUMBIA DENTAL ASSOCIATION REPORT OF HEALTH INSURANCE STUDY COMMITTEE 1953

On October 1, 1953, Health Insurance will begin in Canada. All members of the dental profession will register with the Provincial Government by August 1st for enlistment in the service.

Rather a startling statement. It won't come true, we hope, but it might very well, and that is why your Health Insurance Study Committee is working on details of a plan in preparation for the day when the government does decree the above.

If you doubt all this, let us consider the facts. The Federal Government has just spent millions of dollars on provincial health surveys. Many of the provincial surveys contained recommendations that health insurance be instituted immediately; some suggested that further study be given the problem; others stated that health insurance be not created until sufficient personnel were available to take care of the situation adequately.

None of the provincial surveys recommended against a health insurance scheme. This is of paramount significance and will undoubtedly have a great influence on the government's attitude. It forces their hand to institute health insurance if and whenever it becomes politically expedient to do so.

HEALTH INSURANCE STUDIES

Since the government has spent so many millions of dollars on these surveys, it is hardly likely it will just table all this information and forget about it. The opposition parties have been constantly "needling" the government for some time to get going, as apparently promised, on a health insurance plan.

A quick look at the political situation in Canada and particularly the present political set-up in B.C. would lead one to believe that more socialization is in the offing. What better plum could they offer than to bring in more social benefits to the people by way of a health insurance plan?

This committee is studying the proposed plan of the C.D.A. and other existing plans throughout the world. When the government asks for it, we hope to be able to present some plan that will maintain the present standards of dentistry. That is the crux of the problem but the ramifications are too numerous to delve into here.

The committee recommends the following ideas:

1. That a grant-in-aid method of payment would be the most desirable if and when any health insurance scheme is instituted. This is opposed to the C.D.A. recommendation of a fee-for-service basis.
2. The main purpose of the Health Insurance Study Committee should be to have a workable health insurance scheme, compatible with the highest standards of dentistry desirable both to the profession and the general public, in readiness when demanded by the government.

Since no health insurance scheme has yet been devised that can remotely resemble practical demands, it is the duty of this committee, and the profession as a whole, to postpone the advent of any health insurance scheme in Canada, until such a scheme can be properly worked out and sufficient personnel are available to take care of the situation.

The common denominator for a successful health insurance scheme would necessitate that all members of the profession be of equal integrity, honesty and ability. This, of course, is an utter impossibility.

If we are to maintain the present free enterprise system, we must be prepared to play ball by the rules of the game in that system.

We need many more dentists and there needs to be plenty of good competition. This means some dentists will be very prosperous, most will make a good living and some of necessity will fall by the wayside. We can't ask for financial security for all the dentists by having too few dentists for too many patients, without expecting the general public to start demanding security for their health by means of health insurance plans.

3. A full program of public education should be carried out:
 - (a) To provide proper dental care, hygiene and prevention.
 - (b) To enlist the best type of men to our profession.
4. More and larger dental schools should be established to increase the number of dental personnel. Facilities to train hygienists should be increased.

5. This committee in conjunction with the Vancouver Pedodontic Study Club is going to conduct a survey on children's dentistry, in an attempt to arrive at an equitable fee schedule.

6. This committee believes that more power should be granted the B.C. College of Dental Surgeons for disciplinary measures before either health insurance or a bank credit plan be instituted.

7. More outpatient clinics for indigents should be established as soon as possible. At present our profession largely applies the means test in caring for the public.

If we hope to take our rightful place in the sun with the other healing professions, we must do more for the neglected indigents.

William Scott, Chairman
Donald McDonald, Secretary
Lloyd Chapman
Joseph Merrell
Richard Cline

COMMENT

We are in agreement with the content of the report and comment on the following particular points.

- (1) Noted and geographical distribution approved.
- (3) Agreed with motion.
- (7) Appendix C — commend Dr. Gullett's efforts.
- (8) Appendix D — approved.

Supplementary Report

- 1. (Appendix E)—Noted with appreciation to the British Columbia Health Insurance Studies Committee and referred to the C.D.A. Health Insurance Studies Committee for study.
- 3. Noted with satisfaction.

We wish to express thanks and appreciation to the Chairman and his Committee for their continued, excellent and extensive studies and reports.

We recommend the adoption of the Report of the Health Insurance Studies Committee.

APPROVED

LIBRARY



LIBRARY TRUSTEES: T. H. GRAHAM, Chairman, Toronto, Ont.; G. RATTE, Québec, P.Q.; DON W. GULLETT, Toronto, Ont.

REPORT

1. The growth of the library in size and in use has been beyond anticipation which is most gratifying. It has been possible to purchase all newly published books and the monthly circulation reports show books on loan in practically every province each month. The library consists of 1147 volumes at present.

2. The Association is in receipt of a vast amount of information subject matter in the form of pamphlets and various other forms. During the past year this subject matter has been indexed, making it available for reference purposes.

3. The price of books has increased greatly which makes it more difficult to keep the library up to date from the financial side. On the other hand the increased cost of books makes the library of greater service to individual members.

4. The purchase of books is made entirely from voluntary funds and it has been possible up to date to purchase all books out of free-will donations made by a very small number of C.D.A. members. The Library Trust Fund is recognized by the taxation authorities so that contributions may be deducted in making tax returns. As will be observed by the Auditors' Statement donations amounting to \$2,015.00 were received during the year 1952. No donations have been received to date during the present calendar year.

5. In order that all donated monies will be used for the intended purpose of purchasing books, the Association became responsible for administrative costs.

6. Since the last meeting a catalogue of the library was mailed to every member. Following the issuance of the catalogue, additions to the library have appeared in each issue of the Journal.

7. Gifts of books by several members during the year are gratefully acknowledged.

COMMENT AND RESOLUTION

1. We are happy to note this growth.

2. Noted.

3. Members should recognize the increasing value of the Library.

4. We are proud of 1952 donations, but regret the fact that none have been forthcoming this year.

Be it resolved: "That in the event that sufficient funds are not available the full cost of the operation of the Library be a part of

the general expense of the Association, but that in the meantime periodic notices be published in the Journal requesting donations to the Library Fund."

5. 6. & 7. Noted with appreciation.

We recommend that more publicity be given, through the Journal and by other means, to the fine service offered to members by the Library.

We would like to congratulate the Trustees on the splendid work they are doing in building a really adequate Library.

The committee recommends adoption of the Library Report.

APPROVED

WAR MEMORIAL

MEMBERS OF WAR MEMORIAL AWARD COMMITTEE: ARMAND FORTIER, Chairman, Montreal, P.Q.; W. F. WALFORD, Montreal, P.Q.; PAUL GEOFFRION Montreal, P.Q.; A. M. HORD, Toronto, Ont.; M. H. GARVIN, Winnipeg, Man.

REPORT

1. The Committee is pleased to report that the interest shown in its annual competition has been maintained, if not increased, during the past few years. It has now become established and is no longer, as formerly, a precedent, and this factor has contributed largely in bringing about the present high standard of the essays submitted by the final year undergraduates.

2. As a corollary of the above thought, the evaluation of the essays has become more difficult year after year, for there are now so many essays of exceptionally high standard submitted. This, however, is explained by the fact that the essays submitted are the best of each faculty and reflect the uniformly high calibre of the candidates in the graduating class of each faculty.

3. It has become extremely difficult to secure the services of qualified judges, not from lack of desire to serve but largely because of the problem of finding qualified bilingual judges, who are not already overloaded with faculty or other professional duties.

4. Napoleon, after a battle, once deplored the same condition in the following words: "It is always the same ones who get killed".

5. The Committee therefore expresses its deep appreciation to the judges for giving unstintingly of their leisure time in order to fulfill their thankless but very important function; they are:

Dr. P. J. Gitnick — Dr. E. S. Dorion — Dr. G. deMontigny.

6. For the first time since the inception of this Committee, both awards have been won by the candidates from the same dental faculty. The tabulations of the notes submitted will reveal how close were the results. The prize winners are:

1st Prize: Dr. John Shintani - University of Montreal

2nd Prize: Dr. Claude Lortie - University of Montreal

7. The Committee is still studying ways and means of increasing the amount or number of prizes, but its initiative is limited by the essence of the War Memorial Scholarship Fund.

8. This Committee does not suggest any modifications to the rules under which the competition is held at this time.

9. The essay topic chosen for the 1953-54 competition is the following:
"The Present Status of Dental Focal Infection."

COMMENT AND RESOLUTION

- 1.-4. Concur.
5. We wish to express our appreciation and that of the Association for the very laborious but excellent work done by Dr. P. J. Gitnick, Dr. E. S. Dorion and Dr. G. deMontigny.
6. Concur. However, considerable discussion took place regarding the awarding of first and second prizes when the difference in marks was 0.4. We would like the War Memorial Award Committee to give this matter further thought.
- 7.-8. Concur.
9. Be it resolved: "that the War Memorial Award Committee give consideration to the choice of subjects which would permit investigative work by the candidates".
10. We feel that a very excellent job is being done by the War Memorial Committee and therefore warrants an expression of sincere appreciation by the members of the Association.

We recommend the adoption of the Report of the War Memorial Award Committee.

APPROVED

HOSPITAL DENTAL SERVICES

MEMBERS OF HOSPITAL DENTAL SERVICES COMMITTEE: D. M. TANNER, Chairman, Toronto, Ont.; F. A. SMITH, Vancouver, B.C.; G. A. BUCHANAN, Winnipeg, Man.; J. M. CHAMARD, Montreal, P.Q.; G. de MONTIGNY, Montreal, P.Q.; S. A. McGREGOR, Toronto, Ont.; R. E. DIPROSE, Toronto, Ont.; J. M. CAREFOOT, Lansing, Ont.

REPORT

The Committee is pleased to present the following report:

1. Four regular and six sub-committee meetings were held during the year.
2. The sub-committee studied the survey of Hospital Dental Services made in 1952. Compilation of this survey is appended as Appendix A.
3. The survey shows a great lack of dental services in hospitals across Canada. As a result of this condition there is a lack of dental services to the sick and indigent patient.
4. An educational program at government and hospital administration levels is indicated.
5. The Committee submitted a report to the Council on Dental Education suggesting subjects to be taught the undergraduate student in hospital dental services.
6. Many requests were received for information regarding the establishment of dental services in hospitals. These were furnished.
7. Requests have been received for accreditation of dental services in two hospitals.
8. Conclusion
 - (a) The Committee recommends the adoption of Appendix A.
 - (b) The Committee is pleased with the many requests for information concerning the establishment of dental services in hospitals and their accreditation.

Appendix A

HOSPITAL DENTAL SERVICES SURVEY OF HOSPITAL DENTAL SERVICES IN CANADA 1952

Canadian Dental Association
Committee on Hospital Dental Services
234 St. George St., Toronto

SURVEY OF HOSPITALS REPORTING BY PROVINCES

PROVINCE	NO. REPORTING	WITH DENTAL SERVICE	WITH DENTAL INTERNSHIP
British Columbia	26	10	1
Alberta	18	10	1
Saskatchewan	12	7	0
Manitoba	17	13	0

SURVEY ACCORDING TO BED CAPACITY OF THE HOSPITAL

Code:	N.D.S.	No Dental Service
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100 - 200	0	5		1	2	1	1	1	2	0	8	14	8	13	1	0	3	0	1	0	1	0	1	0	0	0	0	0	0	0			
200 - 500	4	1		5	2	3	1	1	2	0	11	6	19	8	1	0	2	0	3	0	1	0	1	0	0	0	0	0	0	0			
500 - 1000	1	1		2	0	1	1	1	4	0	11	2	10	0	0	0	0	0	1	0	1	0	1	0	0	0	0	0	0	0			
1000 +	3	0		2	0	1	0	1	1	0	11	0	2	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0			
Unknown	0	1		0	1	1	1	1	0	1	5	6	0	4	0	0	0	0	1	5	0	1	0	0	2	0	0	0	0	0			

HOSPITAL DENTAL SERVICES

Ontario	80	50	3
Quebec	65	39	4
Prince Edward Island	2	2	0
New Brunswick	7	7	0
Nova Scotia	14	7	0
Newfoundland	4	4	1
Labrador	2	2	0
TOTAL	247	151	10

61% of Canadian Hospitals provide a dental service.
4% of Canadian Hospitals provide a dental internship.

CODE SYMBOLS

These symbols are used to indicate information concerning each hospital reporting.

General Hospital	1	Without Dental Service	6
Restricted treatment type of hospital	2	Dental Service a Separate Department	7
Teaching Hospital	3	Dental Service a Division of Surgery	8
Non-teaching Hospital	4	Dental Internship	9
With Dental Service	5	No Dental Internship	10

HOSPITALS REPORTING DENTAL DEPARTMENTS

BRITISH COLUMBIA

HOSPITAL	Classification	No. of Beds
Bentinck Island Lazaretto, Victoria	1-4-6	19
Chilliwack General Hospital, Chilliwack	1-4-6-10	97
Coqualeetza Indian Hospital, Sardis	2-6-10	110
Kelowna General Hospital, Kelowna	1-6-10	101
King's Daughters Hospital, Duncan	1-6-10	101
Hollywood Sanitarium, New Westminster	2-4-6-10	65
Nanaimo Indian Hospital, Nanaimo	2-5-7-10	215
The Preventorium, St. Michaels School, Alert Bay...	2-4-5	18
Provincial Mental Home, Colquitz	2	291
Provincial Infirmary, Marpole, Vancouver 14	2-4-5-7-10	330
Provincial Mental Hospital, Essondale	2-3-5-7-10	3808
Quarantine Station, William Head, Victoria	2-4-6	30
Queen Alexandra Solarium for Crippled Children, Cobble Hill P.O., V.I.	2-5-7-10	62
R. W. Large Memorial Hospital, Bella Bella	1-4-6	35
Royal Jubilee Hospital, Victoria	1-4-6-10	
Shaughnessy Hospital, Vancouver	1-3-5-7-10	1100

HOSPITAL DENTAL SERVICES

St. Joseph's Hospital, Victoria	1-4-5-7-10	525
St. Joseph's Oriental Hospital, Vancouver 4	2-4-6	51
St. John Hospital, Vanderhoof	1-4-6	30
St. Paul's Hospital, Vancouver	1-3-6	620
The Vancouver General Hospital, Vancouver 9	1-5-7-9	1473
Tranquille General, Tranquille	2-4-5-7-10	350
Vernon Jubilee Hospital, Vernon	1-4-6	117
Veterans Home, Hycroft, Vancouver	1-4-6-10	117
Wrinch Memorial, Hazelton	1	58
Veterans' Hospital, Victoria	1-5-7-10	300

ALBERTA

HOSPITAL	Classification	No. of Beds
Aberhart Memorial Sanatorium, Edmonton	2-4-5-7-10	300
Blood Indian Reserve Hospital, Cardston	1-4-6-10	46
Central Alberta Sanatorium, Calgary	2-4-5-7-10	300
Calgary General Hospital, Calgary	1-4-6-10	320
Charles Camsell Hospital, Edmonton	2-4-5-7-10	550
Col. Belcher Hospital, Calgary	1-4-5-7-10	300
Galt Hospital, Lethbridge	1-3-6-10	86
Holy Cross Hospital, Calgary	1-4-6-10	336
Medicine Hat General Hospital, Medicine Hat	1-4-6-10	177
Misericordia Hospital, Edmonton	1-5-7-10	306
Morley Indian Hospital, Morley	1-4-6-10	12
Peigan Indian Hospital, Brocket	1-4-6-10	
Prov. Auxiliary Mental Hospital, Raymond	2-4-5-8-10	135
Provincial Mental Institute, Edmonton	2-4-5-10	1300
Provincial Mental Hospital, Ponoka,	2-4-5-7-10	1568
Provincial Training School, Red Deer	2-4-5-7-10	400
St. Michael's General Hospital, Lethbridge	1-4-6-10	185
University of Alberta Hospital, Edmonton	1-3-5-7-9	925

SASKATCHEWAN

HOSPITAL	Classification	No. of Beds
Fort Qu'Appelle Sanatorium, Fort Qu'Appelle	2-4-5-7-10	360
Holy Family Hospital, Prince Albert	1-4-6-10	114
North Battleford Indian Hospital, N. Battleford	1-4-6	60
Prince Albert Sanatorium, Prince Albert	2-3-5-7-10	270
Regina General Hospital, Regina	1-3-6-10	813
Saskatchewan Training School Hospital, Weyburn....	2-4-5-7-10	735
Saskatchewan Hospital, North Battleford	2-4-5-7-10	1900
Saskatoon City Hospital, Saskatoon	1-4-6-10	327
Saskatoon Sanatorium, Saskatoon	2-4-5-7-10	175
St. Paul's Hospital, Saskatoon	1-3-5-8-10	273
Victoria Hospital, Prince Albert	1-5-8-10	
Yorkton General Hospital, Yorkton	1-6	

MANITOBA

HOSPITAL	Classification	No. of Beds
Brandon General Hospital, Brandon	1-4-5-8-10	158
Brandon Sanatorium, Brandon	2-4-5-7-10	260
Central Tuberculosis Clinic, Winnipeg	2-6	50

HOSPITAL DENTAL SERVICES

Children's Hospital, Winnipeg	2-3-5-7-10	125
Deer Lodge Hospital (D.V.A.) St. James	1-3-5-7-10	850
Dynevar Indian Hospital, Selkirk	2-4-6	50
Fisher River Indian Hospital, Hodgson	1-4-5-10	32
Fort Alexander Indian Hospital, Pine Falls	1-4-6-10	18
Fort Churchill Military Hospital, Fort Churchill	1-4-5-7-10	60
Hospital For Mental Diseases, Brandon	2-4-5-7-10	1645
Hospital for Mental Diseases, Selkirk	2-4-5-7-10	700
Manitoba School for Mentally Defective Persons, Portage la Prairie,	2-4-5-7-10	613
Norway House Indian Hospital, Norway House	1-4-5-7-10	12
Station Hospital, Rivers	1-4-5-7-10	25
St. Boniface Home for Aged and Infirm, St. Boniface	2	
St. Boniface Hospital, St. Boniface	1-3-5-7-10	489
Winnipeg Municipal Hospital, Winnipeg	2-4-5-7-10	548

ONTARIO

HOSPITAL	Classification	No. of Beds
Belleville General Hospital, Belleville	1-6	
Brant Sanatorium, Brantford	2-4-5-7-10	
Brockville General Hospital, Brockville	1-6	160
Cornwall General Hospital, Cornwall	1-4-6	176
Daughters of the Empire Hospital for Convalescent Children, Toronto 12	2-5-10	95
Essex County Sanatorium, Windsor	2-4-5-7-10	204
Fort William Sanatorium, Fort William	2-5-7-10	330
Grace Hospital, Windsor	1-4-6	275
Greater Niagara General Hospital, Niagara Falls	1-6	134
Guelph General Hospital, Guelph	1-6	
Hamilton General Hospital, Hamilton	1-4-5-7-10	940
Hotel Dieu, Water St. W., Cornwall	1-4-5-8-10	150
Hotel Dieu, Kingston	1-3-5-7-10	319
Hotel Dieu Hospital, St. Catharines	1-6	25
Kingston General Hospital, Kingston	1-3-5-7-10	450
Kirkland and District Hospital, Kirkland Lake	1-6	136
Lyndhurst Lodge, Toronto	2-6	41
Manitowaning Indian Hospital, Manitowaning	1-5	12
Memorial Hospital, St. Thomas	1-6	160
Metropolitan General Hospital, Windsor	1-6	
Moose Factory Indian Hospital, Moose Factory	1-5	
Muskoka Hospital, Gravenhurst	2-4-5-7-10	430
McKellar General Hospital, Fort William	1-3-6	293
Niagara Peninsula Sanatorium, St. Catharines	2-5-10	143
North Bay Civic Hospital, North Bay	1-4-6	104
Ongwanada Sanatorium, Kingston	2-3-5-8-10	161
Ontario Hospital, Brockville	2-3-5-7-10	1200
Ontario Hospital, Cobourg	2-4-5-10-	419
Ontario Hospital, Fort William	2-4-5-7-10	120
Ontario Hospital, Hamilton	2-4-5-7-9	1650

HOSPITAL DENTAL SERVICES

Ontario Hospital, Langstaff	2-4-5-8-10	500
Ontario Hospital, London	2-3-5-7-10	1500
Ontario Hospital, New Toronto	2-4-5-7-10	1400
Ontario Hospital, Orillia	2-4-5-7-10	2328
Ontario Hospital, St. Thomas	2-4-5-7-10	1987
Ontario Hospital, Toronto	2-3-5-7-10	1150
Ontario Hospital, Woodstock	2-4-5-7-10	1254
Oshawa General Hospital, Oshawa	1-6	276
Ottawa Civic Hospital, Ottawa 3	1-3-5-7-10	900
Our Lady of Mercy Hospital, Toronto	2-4-5-7-10	275
Owen Sound General Marine Hospital, Owen Sound	1-6	
Ottawa General Hospital, Ottawa	1-3-5	384
Parkwood Hospital, London	2-6	150
Perley Home for Incurables, Ottawa	2-4-6	123
Petawawa Station Hospital, Camp Petawawa	1-4-5-7	100
Ontario Hospital School, Smiths Falls	2-4-5-7-10	740
Public General Hospital, Chatham	1-6	150
RCAF Hospital, RCAF Station, Rockcliffe	1-4-5-7-10	100
Rideau H & O Centre, Billings Bridge	1-5-7	150
Royal Ottawa Sanatorium, Ottawa	2-4-5-7-10	212
St. Catherines General Hospital, St. Catherines	1-5	
St. Joseph's General Hospital, North Bay	1-6	150
St. Joseph's General Hospital, Port Arthur	1-6	
St. Joseph's Hospital, Guelph	1-4-6	156
St. Joseph's Hospital, Hamilton	1-4-6	550
St. Joseph's Hospital, London	1-3-5	
St. Joseph's Hospital, Sarnia	1-5-10	144
St. Joseph's Hospital, Sudbury	1-6	215
St. Joseph's Hospital, Toronto	1-6	624
St. Mary's Hospital, Kitchener	1-4-6	165
St. Mary's Hospital, Timmins	1-6	
St. Michael's Hospital, Toronto	1-3-5-8-10	705
St. Vincent's Hospital, Ottawa	2-3-5-7-10	232
Station Hospital, RCAF Station, Centralia	1-5	35
Stratford General Hospital, Stratford	1-6	130
Squaw Bay Indian Hospital, Fort William	2-4-5	
Sunnybrook Hospital, Toronto	1-4-5-7-10	1630
The Beck Memorial Sanatorium, London	2-4-5-7-10	585
The Hospital For Sick Children, Toronto	2-3-5-8-9	744
The Mountain Sanatorium, Hamilton	2-4-5-7-10	754
The Peterboro Civic Hospital, Peterboro	1-4-5-7-10	240
The Queen Elizabeth Hospital, Toronto	2-5-7-10	516
Toronto East General and Orthopaedic Hospital, Toronto	1-3-5-8-10	281
Toronto General Hospital	1-3-5-7-9	1416
Toronto Hospital for Tuberculosis, Weston	2-4-5-7-10	663
Toronto Psychiatric Hospital, Toronto	2-4-5-8	70
Victoria Hospital, London	1-3-5-7-10	600
Welland County General Hospital, Welland	1-4-6	200

HOSPITAL DENTAL SERVICES

Westminster Hospital, D.V.A., London	2-3-5-7-10	1500
Women's College Hospital, Toronto	1-6	140

QUEBEC

HOSPITAL	Classification	No. of Beds
Alexandra Hospital, Montreal	2-6	150
Foyer Dieppe House, Rouville	2-5-8-10	100
Grace Dart Home Hospital, Montreal	2-6	154
Hopital Civique, La Canardiere	2-6	95
Hopital de Bordeau, Montreal	2-4-5-7-10	800
Hopital du Sacre-Coeur, Hull	1-4-5-7-10	175
Hopital du Sacre-Coeur, Plessisville, Megantic	2-6	132
Hopital du Sacre Coeur, Montreal	2-3-5-7-10	900
Hopital-General de Quebec, Quebec	2-4-5-7-10	496
Hopital General de Verdun, Verdun	1-3-5-7-10	480
Hopital Laval, Ste-Foy	2-3-5-7-10	420
Hopital Notre-Dame-de-la-Garde, Cap-aux-Meules Illes de la Madeleine	1-6	100
Hopital-Notre-Dame-de-La-Merci, Montreal	2-4-5-8-10	503
Hopital Sanatorium St. Joseph, Montreal	2-4-5-7-10	500
Hopital Notre-Dame-de-Lourdes, Montreal	2-6	277
Hopital Sainte-Jeanne-d'Arc, Montreal 18	1-4-5-8-10	290
Hopital Sainte-Charles, Saint-Hyacinthe	1-6	212
Hopital Saint-Josephe, Granby	1-6	150
L'Hopital Saint-Joseph, Lachine	6	
Hopital Sainte-Marie, Trois-Rivieres	1-6	170
Hopital Ste-Croix, Drummondville	1-3-6	229
Hopital-St-Joseph, Rimouski	1-6	180
Hopital St-Joseph, Trois-Rivieres	1-4-5-7-10	275
Hopital Ste-Therine, Shawinigan Falls	6	
Hopital Mont-Providence, Riviere-des-Prairies	2-3-5-7-10	400
Hopital St. Jean, St. Jean de Quebec	1-6	215
Hotel-Dieu de Gaspé, Havre de Gaspé	1-6	160
Hotel-Dieu St. Michel, Roberval	2-5-7	465
Hotel-Dieu De Montmagny, Montmagny	1-4-5-7-10	160
Hotel-Dieu de Montreal, Montreal	1-4-5-8-10	535
Hotel-Dieu de Sorel, Sorel	1-6	144
Hotel-Dieu de St-Joseph, Arthabaska	1-6	200
Hotel-Dieu de Valleyfield, Co. Beauharnois	1-6	155
Hotel-Dieu St-Vallier, Chicoutimi	1-4-5-8	668
Hotel-Dieu du Sacre-Coeur, Quebec	2-4-5-7-10	275
Hotel-Dieu Notre Dame de Beauce, St. Georges, W.....	1-6	140
Hotel Dieu du Coeur-Agonisant de Jesus, Levis	1-3-5-7-10	217
Hotel du St-Redempteur, Matane, C.P.	1-5-8-10	160
Jeffery Hale's Hospital, Quebec City	6	134
Lafleche, Grand'Mere	1-4-5-8-10	145
L'Aide a la Femme Inc., Montreal	2-4-5-8-10	306
L'Hotel-Dieu d'Amos, Amos	1-6	
L'Hotel-Dieu de Quebec, Quebec	1-4-5-8-10	380
Montreal Convalescent Hospital, Montreal	6	

HOSPITAL DENTAL SERVICES

Quebec Immigration, Quebec	2-4-5-10	200
Reddy Memorial Hospital, Westmount	1-4-5-7-10	143
Retraite St-Benoit, Montreal	2-4-6	250
Royal Edward Laurentian Hospital, Ste-Agathe des Monts	2-4-5-8-9	350
Royal Victoria Hospital, Montreal 2	1-3-5-8-9	748
Saint-Eusebe, Joliette	1-3-6	209
Sanatorium Begin, Cte Dorchester	2-4-5-7-10	330
Sanatorium Cooke, Trois-Rivieres	2-4-5-7-10	330
Sanatorium Ross, Gaspé	2-4-5-7-10	330
Sanatorium St-Georges, Cte Matane	2-4-5-8-10	632
Sanatorium St-Jean, Abitibi	2-4-5-7-10	200
Ste-Elisabeth de Roberval	2-4-5-7-10	700
St. Francois d'Assise, Quebec	1-4-5-7-10	310
St-Joseph Hopital, Cte Megantic	1-6	130
St. Mary's Hospital, Montreal	1-3-5-7-10	228
Ste. Anne's Hospital, Ste. Anne de Bellevue	1-4-5-7-10	1100
The Children's Memorial Hospital, Montreal 25	2-4-5-8-9	175
The Queen Elizabeth Hospital of Montreal	1-4-5-7-10	130
The Montreal General Hospital, Montreal	1-3-5-7-9	641
Youville, Noranda	1-4-6	240
Verdun Protestant Hospital, Verdun	2-4-5-7-10	1600

NEW BRUNSWICK

HOSPITAL	Classification	No. of Beds
Immigration Medical Hospital, W. St. John	1-4-5-7-10	20
Jordan Memorial Sanitorium, River Glade	2-3-5-7-10	166
Lancaster D.V.A. Hospital, W. St. John	1-4-5-7-10	495
Sanatorium Notre Dame de Lourdes, Vallee Lourdes	2-4-5-7-10	193
Sanatorium St. Joseph, St. Basile, N.B.	2-4-5-7-10	140
St. John Tuberculosis Hospital, E. St. John	2-4-5-7-10	269
The Provincial Hospital, Fairville	2-3-5-7-10	1600

NOVA SCOTIA

HOSPITAL	Classification	No. of Beds
Camp Hill Hospital, Halifax	2-3-5-7-10	688
Colchester Co. Home, Truro	2-6	
East Hants Municipal Home, S. Maitland, Hants Co.	2-6	
Marine Hospital, Lunenburg	2-6	
Marine Hospital, Sydney	1-6	35
Nova Scotia Hospital, Dartmouth	2-6	
Nova Scotia Sanatorium, Kentville	2-3-5-7-10	400
N.S. Training School, Truro	2-4-5-7-10	215
Point Edward Hospital, Sydney	2-5	
Royal Canadian Naval Hospital, H.M.C.S. Cornwallis	1-4-5-7	100
Royal Canadian Navy, H.M.C.S. Stadacona, Halifax	1-5-7	255
Saint Mary's Hospital, Inverness	1-6	44
Station Sick Quarters, RCAF Station, Greenwood	1-4-5-7-10	35
St. Martha's Hospital, Antigonish	2-6	

HOSPITAL DENTAL SERVICES

PRINCE EDWARD ISLAND

HOSPITAL	Classification	No. of Beds
Falconwood Hospital, Charlottetown	2-4-5-8-10	300
Provincial Sanatorium, Charlottetown	2-5-8-10	150

NEWFOUNDLAND

HOSPITAL	Classification	No. of Beds
Grenfell Hospital, St. Anthony	1-4-5-7-9	76
Hospital for Mental and Nervous Diseases, St. John	2-4-5-7-10	850
Notre Dame Bay Memorial Hospital, Twillingate	1-4-5-8-10	120
St. John's Sanatorium, St. John's	2-4-5-7-10	410

LABRADOR

HOSPITAL	Classification	No. of Beds
Dental Clinic, R.C.A.F. Station, Goose Bay	5-7	
Hospital St-Jean-Eudes, Havre-St-Pierre	4-5-8-10	

COMMENT AND RECOMMENDATION

1. Informative.
2. This survey is somewhat limited because only 247 hospitals out of a total of 440 have replied to the questionnaire. It is, however, very informative and has required a great deal of work on the part of the Committee in its preparation. It is suggested that the members of the Board of Governors in each province check the list of hospitals in their respective provinces and endeavour to obtain reports from those not listed.
3. Agreed.
4. It is recommended that the Committee institute an educational programme stressing the importance of hospital dental services and that articles be made available in French and English to hospital authorities, government officials, and to the profession.
5. Informative.
6. Agreed.
7. This is being attended to.
8. (a) Agreed.
(b) Informative.

We congratulate the Committee on their splendid effort and are greatly encouraged by the results already obtained.

We move the adoption of the Report of the Hospital Dental Services Committee, as amended.

APPROVED

MEMBERS OF PUBLIC RELATIONS COMMITTEE: L. M. GROSE, Chairman, Toronto, Ont.; H. S. THOMPSON, Toronto, Ont.; H. E. LEYLAND, Toronto, Ont.; W. R. JACKSON, Toronto, Ont.; W. W. BRESLIN, Toronto, Ont.; H. R. SKILLING, Toronto, Ont.

REPORT

Your Committee begs to report its activities for the year 1952-53.

1. Meetings

The initial meeting of the new Committee was held on September 25th, 1952, and nine subsequent meetings have been held. The interest in the work of the Committee by the members was evidenced by almost 100% attendance.

2. Orthodontic Meetings

(a) Arrangements were made to have Dr. Spencer Atkinson of Los Angeles, California, deliver the Second Grieve Memorial Lecture at Convocation Hall on Monday, November 10th, 1952, in conjunction with the Annual Meeting of the Great Lakes Orthodontic Society. Subject—"Teeth, Health and Happiness". The lecture was illustrated with coloured slides.

(b) The Public Relations Committee was asked to support this lecture in regard to Publicity (including printing, postage etc.) It was agreed to do so to the extent of \$100.00.

Plan of Publicity

- (i) Paid announcements were placed in Toronto papers.
- (ii) Announcements were made at Academy of Dentistry and Annual Alumni dinners.
- (iii) Letters were sent to key members of University staff and large announcement cards were placed in Hart House and on other bulletin boards in University buildings.
- (iv) Letters were sent to Home and School Club Presidents.
- (v) Students of the Faculty of Dentistry were invited.
- (vi) 4,000 small announcement cards were printed and distributed to members of the profession for interested patients.
- (vii) Press interviews were arranged for the Sunday afternoon previous the lecture, and the press were invited to attend the meeting in Convocation Hall.
- viii) Attendance was 400 - 500.
- (c) Dr. Atkinson's presentation was informative and well planned, his photography superb and those attending were well rewarded.
- (d) Some of the press clippings from various newspapers, following the meeting, may be found in the Press Clippings scrap book.

PUBLIC RELATIONS

3. Magazine Articles

(a) Many articles on Dentistry have appeared in various magazines and other publications since the last annual meeting. With so many different magazines being distributed in our Dominion, it would be almost an insurmountable task for one person to see all of the articles. The interest shown by a few of our members, in either forwarding an article to us, or directing our attention to a particular issue is very much appreciated by this Committee. I am sure that the new Committee will appreciate your continued interest.

(b) We are indebted to Dr. H. E. Leyland, a member of the Committee for compiling a list of magazine articles.

4. Press Clippings

(a) Your Committee has endeavoured to maintain and expand the close contact with the press. Canadian newspapers have shown an increased interest in dentistry during the past year as is proven by the number of clippings received at C.D.A. headquarters.

(b) The cooperation of the British Columbia newspapers during the annual meeting in Vancouver, June 1952, in spite of the general election, was very much appreciated. Some 237 items appeared in newspapers across Canada, British Columbia papers carried 58. These summaries represent clippings received at C.D.A. headquarters and are not necessarily a complete coverage.

(c) Your Committee has placed a sample of the clippings received in a scrap book, divided as follows: —

- (i) Annual Meeting in Vancouver.
- (ii) Orthodontic meeting, Nov. 10th, 1952.
- (iii) Clippings received for one month.
- (iv) French newspaper clippings.
- (v) Miscellaneous items of interest.

(d) The news clippings covering the 15 month period July 1st, 1952 - Oct. 1st, 1953 total 6,710.

(e) A monthly total breakdown of the news clippings in English and French is as follows: —

1952 —	July	546
	August	520
	September	392
	October	450
	November	503
	December	340
1953 —	January	489
	February	577
	March	391
	April	411

May	442
June	672
July	271
August	289
September	417 (estimated)

TOTAL	6,710

No. of French clippings: — 550 (estimated)

Note: The French clippings received are included in total number.

A complete breakdown of the 1952 Annual Meeting News Clipping Tabulation will be found as Appendix A.

(g) How Press Clippings Are Used

- (i) Clippings are separated according to Committee interested and mailed to Chairman concerned.
- (ii) Tabulations made on —
 - (a) Coverage at Annual Meeting
 - (b) Total number of clippings received during year.
- (iii) Clippings of immediate or potential consequence go directly to Dr. Gullett.
- (iv) Each Committee Chairman knows the feeling of the general public and Government, plus news coverage regarding his particular field.
- (v) The comparative news coverage ratio or comparison of the relative success or failure of publicity re annual meetings and special news releases, also the amount of coverage, the kind and general trend of news relating to dentistry from year to year.
- (vi) The clippings help to gauge potential trouble and plans may be made accordingly.
- (vii) The clippings aid in preparation of the Necrology report.
- (viii) One can determine to what extent the public is "dentistry" conscious; whether the profession is receiving favourable or unfavourable publicity in the newspapers; whether it is increasing or decreasing.
- (ix) It is possible to follow the latest lobbies, disputes, etc. that may effect dental legislation in the various provinces and current feelings of the Governments toward these pressures.

5. Radio and Television

- (a) During the past year no national radio or television programmes were planned.
- (b) Your Committee was asked to review and approve a script for a series of

PUBLIC RELATIONS

short radio broadcasts on Dental Health to be used over some small Ontario radio stations.

(c) The Dental Public Health Committee of the Ontario Dental Association cooperated with us in this project.

(d) Dr. H. E. Leyland, on behalf of the P. R. Committee has discussed with Mr. S. W. Griffiths, Program Director of C.B.C. — T.V., plans for use of films on Dental Health.

6. Film Strip

(a) A film strip for Vocational Guidance purposes has been prepared with an accompanying manual.

(b) This subject matter was prepared by a special committee of the Dental Alumni Association, U. of T. and its production was carried out by the Canadian Dental Association.

(c) Copies of this film are available at a cost of \$2.50 each, which includes a copy of the manual.

(d) Arrangements have been made for further orders to be placed directly through Associated Screen News, 108 Peter St., Toronto.

(e) One copy has been forwarded to each Dental School and one to each Provincial Registrar. 150 copies have been presented free to the Provincial Departments of Education.

7. Film —“Dentistry as a Career”

(a) A film “Dentistry as a Career” has been presented to the Canadian Dental Association by the American College of Dentists.

(b) The Committee was unanimous in its praise of this technicolour production and it is being adapted to suit Canadian needs.

(c) We are indebted to Dr. Harry Thomson, a member of this Committee for arranging the gift of this film.

8. Letter

“Why Public Relations — The importance of Public Relations to you — the Dentist”.

(a) Public Relations has been discussed by your Committee under the following headings:

(i) Dentist to Patient.

(ii) Dentist to Dentist.

(iii) C.D.A. to Dentist.

(iv) Profession to Government Health Services.

(v) Relationship to Graduate and Undergraduate Teaching.

(vi) Profession to Laboratories.

(b) Of most importance, we believe is the education of the members of the profession in their attitude toward the public. Public Relations means just what it says — Our relations with the public. Perhaps we forget that Public

PUBLIC RELATIONS

Relations is essentially the obvious things — a clean entrance, a clean and neat office, good personality, a courteous nurse, the office that makes you feel at home. Public Relations might be stated simply as the practical or modern application of the Golden Rule.

(c) We should all remember that what we say and what we do will have more influence on our patients than what they may hear and see from other sources.

(d) It is the opinion of this Committee that every dental student, before graduation and after beginning practice, becomes a Public Relations agent.

(e) With the emphasis being placed on the importance of good Public Relations between the Dentist and his patient it was therefore decided to retain the services of Mr. C. W. Tisdall of Public Relations firm, Tisdall, Clarke and Co. to prepare an initial presentation on the subject of Public Relations.

(f) This letter printed in English and French, was mailed to all members of the profession in Canada and within 48 hours of being received, we are able to report over 80% readership.

(g) The reported comments were over 90% favourable with many statements to the effect that the effort should be expanded and intensified.

9. Manual for Public Relations re Annual Meeting

(a) As the Canadian Dental Association holds its Annual Meeting in cooperation with various provincial associations, it was considered advisable to prepare a manual as a suggested guide to the Publicity Committee in arranging for the Annual Meeting.

(b) The Public Relations Committee has in the past been responsible for press releases regarding the Board of Governors Meeting and the publicity Committee of the host association has been responsible for press releases during the scientific program.

(c) The manual was developed with the hope of securing uniformity and preventing duplication of effort. An outline may be found in this report as Appendix B.

10. Recommendations

Your committee has made a careful study of the Public Relations problem under the headings mentioned earlier in this report and recommends to the Board of Governors —

- (a) That a Public Relations Counsel or Professional writer be engaged, to prepare further pamphlets on Public Relations for distribution.
- (b) That further effort be made to develop radio programmes for national broadcast and T.V. programmes for use in areas served by T.V.
- (c) That a closer contact be developed and maintained with the Provincial Public Relations Committees.

NEWS CLIPPING TABULATIONS — SEPT 12, 1952

VANCOUVER MEETING

SUBJECT	CLIPPINGS	COVERAGE
Socialized Dentistry — (Bryan Wood)	2	Vancouver
Control of Pain in Dentistry	7	National
“Tooth Doodling” Statement by Dr. B. Jenkelson	67	National
Fluoride incl. Statement by Dr. Jay	46	National
Election of President and other Officers C.D:A.	32	National
Art Exhibit, Musicale, etc.	11	Vancouver
Drs. Garvin, Pallen, Honored	9	Alta. - Ont.
Int. College of Dent. Awards	12	National
Canadian Dentistry in Prevention	13	National
B.C. Dental Association officers slate	3	B.C.
Research — McIntosh	4	National
History of Dentistry Broadcast	4	B.C. - P.Q.
Dentist Shortage — Cline, Gullett	3	Vancouver
Golden Jubilee Meeting opens	16	B.C.
Nurses and Assts. News Items	8	Vancouver

237 - Clippings

NEWSPAPER	NO. OF ITEMS
The Vancouver Province	19
The Vancouver Sun	18
The Vancouver News Herald	8
The New Westminster Br. Columbian	8
The Victoria Daily Times	5

58 - Clippings

The above summaries represent clippings received at C.D.A. Headquarters and not a complete coverage.

PUBLIC RELATIONS MANUAL
RE PUBLICITY OF ANNUAL MEETING

1. Public Relations Committee be responsible for publicity and press conferences of Board of Governors meeting.
2. Publicity Committee of Host Association be responsible for publicity and press conferences of scientific programme of Annual meeting.
3. Public Relations Committee will cooperate with Convention Committee of Host Association and forward in advance to chairman of Publicity

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Committee copies of material prepared by Public Relations Committee, to avoid duplication of effort.

4. Public Relations Committee —

- (a) Prepare releases re Honorary Memberships (should any be made).
- (b) Prepare release on winners of War Memorial Scholarship Award.
- (c) List new officers, secure glossy print, biographical sketch of new President and arrange for an interview with the press at close of Board of Governors meeting.
- (d) Prepare release on official representative of other National Associations, also a glossy print, and arrange for a press interview.
- (e) Prepare releases on any controversial subjects which may be discussed during Board of Governors meeting.
- (f) Release to newspapers at least one week in advance announcement of Board of Governors meeting, with list of officers attending.

5. Publicity Committee of Host Association —

1. Prepare advance publicity for Journals.
2. Secure from Provincial Publicity Bureau photographs and useful information re locale of Convention for publicity in Journals.
3. Arrange with Editor of Journal for deadlines of material and ask for specific direction.
4. Secure in advance —
 - (a) Photographs of essayists and clinicians
 - (b) Biographical sketch
 - (c) Summary of paper
 - (d) Synopsis from essayist of material which would be of interest to public and in language suitable for news release.
5. Two weeks in advance of Convention, write City Editor of daily papers in Host City, Canadian Press, British United Press and Radio Stations asking cooperation, also send a tentative condensed programme.
6. Prepare releases on —
 - (a) Musicale
 - (b) Art Exhibit
 - (c) Convention theme
 - (d) Luncheon speakers
 - (e) Other features of interest to public.
7. Prepare list of columnists in daily papers, and leading magazines. Advise them they are welcome at press conference.

PUBLIC RELATIONS

8. All material prepared should carry a release date and sufficient copies be made for distribution — suggested number 25.
9. Contact all dental supply firms and ask their cooperation in publicizing Convention through the medium of their advertisements in the Journals or stickers on monthly statements
10. Be responsible for obtaining manuscripts of essayists and clinicians.

COMMENT

The Public Relations Committee is to be commended for the evidence of of attention to their assignment, and to the Chairman, Dr. Grose and his committee members, we extend our thanks and congratulation.

The report in detail follows:

- 1.-5. Noted and commended.
6. Noted and recommend that the Committee follows through on the film strip educational programme.
7. (a) (b) and (c) noted.
8. Noted and commended.
9. Committee commended.
10. Agreed.

We accept this Report as amended and recommend its adoption.

APPROVED

MEMBERS OF DENTAL PUBLIC HEALTH COMMITTEE: ARTHUR POYNTZ, Chairman, Victoria, B.C.; ALEX GUNNING, Victoria, B.C.; J. A. CHAMBERS, New Westminster, B.C.; J. C. FOOTE, Victoria, B.C.; W. A. MacDONALD, Victoria, B.C.

REPORT

1. Your Committee started this year with a new slate of men without any previous experience in Dental Public Health except in the provincial field. Unfortunately, one of our members — Dr. E. Gee — had to resign, owing to ill health, and his place was taken by Dr. Alex Gunning.

2. Our first step was to write all provincial Chairmen of the Dental Public Health Committees, also all Directors of Preventive Dentistry of the different provinces, requesting their help and cooperation, and suggesting they consult with us on their problems.

3. A letter was sent to all the provincial Chairmen requesting them to send the names of the members of their committees. This was done with the hope that if their committees were not already appointed and functioning, this might act as a stimulus and get action.

4. An article on "Preventive Dentistry" by Dr. Fish of England was sent to all Chairmen and Directors of Preventive Dentistry.

5. Letters were written to all above Chairmen and Directors, asking them to submit list of dental films which they had in their respective provinces, with the idea of compiling a list of all provincial films for distribution to the different Dental Public Health Committees.

6. The need for cooperation between the dental profession and the provincial governments, was stressed, and a suggested agenda was submitted which might aid in bringing about this desired result.

7. (a) Dr. G. T. Mitton of the Faculty of Dentistry, University of Toronto, was consulted on preparing a pamphlet entitled "Brushing the Teeth".

(b) He offered to prepare this pamphlet with the help of Miss Andree Hebert, in charge of Dental Hygienists training at the University of Toronto. We hope this material will be printed and ready for distribution by the time of this meeting.

8. A pamphlet on Fluoridation, suitable for Parent-Teacher Associations, and similar organizations, has been prepared by Dr. Frank McCombie, Director, Division of Preventive Dentistry, Department of Health, British Columbia. It should be ready for printing and distribution before the end of September.

9. Each province has a dental Public Health programme, varying in the different provinces, but they all have the same difficulty in securing dental personnel. The cities throughout Canada, as a rule, are well supplied with dentists, but in the rural areas there is an urgent need for dentists. Some

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means should be taken to relieve this grave shortage, whether its means government grants-in-aid, or some other method to entice qualified dentists to establish practice in these districts.

10. This report on provincial activities is based on the information received from the Dental Public Health Chairmen, and Directors of Preventive Dentistry. While it does not contain, by any means, all the work accomplished, it does give a picture of what the different provinces are doing.

11. In *Newfoundland* there is not a sufficient number of dentists to serve the population of that province, with the result the men are so busy in their own private practices they have not time to carry out a comprehensive Dental Public Health programme. The Red Cross, however, is helping with a unit and equipment capable of rendering treatment and education service, which will be of great help.

12. *Prince Edward Island* has only thirty-three (33) dentists, and they are scattered throughout the Province. It is difficult to get them together and interested in Dental Public Health. Dr. O'Meara, Director, Division of Dental Public Health is doing a fine job, although handicapped by the lack of adequate help. He has one mobile unit operating in rural areas.

13. *New Brunswick* has a Director, Dental Health Division. Probably the main effort in this province was to prepare a series of "Lectures in Dentistry" for nurses in training and have available at least five (5) books on Oral Health in the library of each training school. Efforts were made to encourage fluoridation of communal water supplies, by a series of lectures.

14. (a) *Nova Scotia* also have a Director of Public Health who carries out much of the dental work, in cooperation with the Dental Public Health Committee. This Committee is engaged in stressing the importance of fluoridation of municipal water supplies.

(b) The reaction at present, by the municipal governments, is poor, with the exception of *Halifax*, where considerable progress has been made.

(c) The big problem in this province is lack of trained dental personnel. It is thought that the public are educated far beyond the ability of the dental profession to supply the treatment required, owing to insufficient number of dentists.

15. (a) *Quebec* — Dr. Louis J. Bonneau heads the Dental Health Section in this Province. There are 62 dentists working part-time, and in 1952 they examined 88,749 children between the ages of 6 and 14. Of this group examined, 78,169 had defective teeth, of these, 28,819 were extracted. This work was done in 53 health units.

(b) This Province requires full-time dentists who are interested in the work of preventive dentistry. A programme to intensify dental education in the rural areas, is now in progress.

16. (a) *Ontario* has an extended dental health programme. The Province is divided into districts — some having dental organizations in the district with

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their own "Dental Public Health Committee". This year two seminars were conducted, one at Brampton, the other at Sudbury, which were very successful.

(b) One of the major aspects of the work the Dental Public Health Committee is the establishing and guiding of dental public health programmes.

17. (a) *Manitoba* — Dental services have been provided in remote areas this year, which at one time was considered impossible due to roads, weather and distance. This has been overcome by better transportation facilities, more up-to-date equipment, and more suitable working conditions.

(b) Another full-time dentist was added to the staff, giving the services of two full-time dentists.

(c) Six new clinics were started this year — one at Snow Lake, another at Cranberry Portage in Northern Manitoba. These places, like many others, involve days of travelling time and expenses. For this reason, they would never be visited by private dentists even if the supply were available.

(d) Dr. H. R. Stewart is Director of Dental Services.

18. (a) *Saskatchewan* — This Province is very active in the Dental Public Health field, and is doing a splendid job of preventive dentistry under Dr. A. E. Chegwin, Director, Division of Dental Health. He is facing the same difficulty as many other provinces — lack of dental personnel.

(b) The campaign for fluoridation of communal water supplies is bearing fruit. Three cities and several towns in Saskatchewan are investigating the introduction of fluorine in water supplies as a community measure for reducing tooth decay.

(c) As a means of increasing the number of personnel available for preventive dental programmes, the Division of Dental Health sponsored projects under the national health grants for the training of dental hygienists. Five young women were accepted for such training.

19. (a) *Alberta* has not, at present, appointed a Director of Dental Services, but has a good Dental Public Health Committee, with Dr. Wm. Orobko as chairman. They have done a lot of educational work by lectures to parent-teacher associations and other similar organizations.

(b) This year, for Health Week, they had a very fine press release which drew many favourable comments.

20. (a) *British Columbia* — This Province, with fine cooperation between Dr. F. McCombie, Director, Division of Preventive Dentistry and the Dental Health Committee, continued to do good work in the preventive dentistry field.

(b) It is hoped within the next two months to send clinicians on preventive dentistry to give free clinics at the following places: Prince Rupert, Prince George, Cranbrooke and Nelson. The Government to defray travelling expenses and the British Columbia Dental Association to pay an honorarium to the dentists taking part in this programme.

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(c) It is also hoped to establish a bursary to induce students in rural areas to take up the study of dentistry, with the hope that on completion of their studies they will locate in their home area. The plan calls for the British Columbia Dental Association, The College of Dental Surgeons of British Columbia, The Department of Health and Welfare, British Columbia, and the rural area to make a grant of two hundred dollars (\$200.00) each, per student, yearly.

21. You can readily see after reading the reports from the different provinces that they all have one problem in common — lack of dental personnel in the rural areas. This is a problem that requires serious consideration. As the people in these areas become more dental conscious, due to education and sometimes physical suffering, they are going to demand that they receive dental attention. If properly qualified and registered dentists are not forthcoming, these people are going to demand that the government allow dentists from foreign countries (who are not properly qualified) to serve them. We already have had this experience. Something must be done to solve this problem before it is taken out of the hands of the profession and dealt with directly by the Government.

22. The profession of British Columbia has been striving for the past few years to interest the University of British Columbia and the provincial government to establish a faculty of dentistry at the University of British Columbia. Dr. McKenzie, President of U.B.C., has recently expressed himself as being in favour of having a dental faculty at the University. Pressure is now being applied to the provincial government to provide the necessary funds. It is hoped that a Dean for this institution will be appointed within the next two years. If a dental faculty is established, it will help in some measure to alleviate the shortage of dentists.

23. Dr. Swales has recommended, on several occasions, that a meeting of the Chairmen of the different Dental Public Health Committees, and the Directors of Dental Health should be held, so that they could formulate a programme or policy that would be similar in each Province. I have had several letters this year from different provinces recommending this plan, and I believe a great deal could be accomplished from such a meeting.

24. Now that the Research Committee has recommended the fluoridation of communal waters under certain conditions, we should all strive to see that all communities are well informed of the good that can be derived from the reducing of dental decay through this method. This may be one way to help solve our problem of insufficient dental personnel.

25. This year special efforts should be made to see that all Provinces take advantage of Health Week and that dentistry gets proper publicity at this time. It is one opportunity we have to bring before the public the importance of dentistry and what it means to the health of the people in this country.

26. (a) A budget of Five Hundred Dollars (\$500.00).

- (1) Development of material.
- (2) Incidental expenses.
- (3) To continue tireless efforts in establishing a good dental health programme.

COMMENT

We agree with the content of this report as now ammended.

Recommendation

We suggest to the Committee that they give thought for the coming year that their efforts be directed to one definite project.

We recommend the adoption of the Report of the Dental Public Health Committee.

APPROVED

LEGISLATION

MEMBERS OF LEGISLATION COMMITTEE: C. W. SHERIDAN, Chairman, Ottawa, Ont.; JAMES COUPLAND, Ottawa, Ont.; L.E. MacLACHLAN, Ottawa, Ont.

REPORT

This year, in five of the provinces, important matters of legislation concerning the practice of Dentistry came before the legislatures or before committees of the same. In each case the Dental Board of the province concerned actively engaged itself protecting the legalized right of the profession and also the public against unscrupulous elements. The establishment of sound relations as they now exist in most parts of the country between the dentist and the public was their chief concern.

1. Newfoundland

(a) In our newest province, dental matters legislatively speaking, are at a stale-mate. An act to amend the Dental Act was passed by the House of Assembly this spring. It gives the government power to take over all the functions of the Dental Board in case the Board should resign and thus to continue the administration of the dental profession.

(b) This matter had been precipitated by a recent case where a Latvian dentist had applied for permission to practise in Newfoundland and had been refused by the Board, but subsequently granted permission by the over-riding authority of the government.

(c) This action of the provincial government is not expected in Canada and any move taken in the matter will have to be decided upon by the Board of Governors.

2. Prince Edward Island

(a) A new Dental Act was introduced and became law in the provincial legislature this year.

(b) One objection to the bill came in a discussion on the point of a large registration fee being required for registration of dentists from outside the province. As many provinces had small registration fees it was thought this fact might prevent some dentists from coming to Prince Edward Island to practise at a time when they were really needed. A compromise was arrived at on this point and an average fee, in line with that of other provinces, was set.

(c) Two important additions are the requirement of Canadian citizenship for registration, and the six months' clause for action for negligence or malpractice.

(d) In all, the Dental Association of Prince Edward Island considers it has obtained a very strong act, second to none in Canada.

3. Nova Scotia

This province reports no new legislation this year.

4. New Brunswick

(a) New Brunswick was successful in having a new Dental Act passed by the legislature to succeed the 1942 Act. Several improvements to strengthen and regulate the practice of dentistry were incorporated in the new bill.

(b) The president-elect of the C.D.A. and other prominent members of the profession appeared before the House Committee and put up strong arguments against certain amendments which were introduced. Great credit is due to the way in which this bill was handled and carried through.

(c) An expression of thanks was passed on to the Committee on Legislation, C.D.A. for some guidance and help in the drafting of this bill. Four points were emphasized as important in the draft.

- (i) A proper definition of dentistry is very necessary in obtaining prosecutions.
- (ii) Dental hygienists regulations.
- (iii) Prescription law for dealing with dental technicians.
- (iv) "Space of time" clause for action for negligence or malpractice.

5. Quebec

No changes in legislation this year.

6. Ontario

The by-laws were amended as follows:

- (a) to recognize the certificate of the National Dental Examining Board of Canada.
- (b) to permit the employment of Dental Hygienists in Health Units etc. when under the supervision and control of a legally qualified dentist.

7. Manitoba

(a) An attempt to have a "Prescription" clause added to the Dental Act was turned down in Committee before reaching the legislature. A proposed Dental Technicians Act met a similar fate.

(b) The opinion was expressed in Committee that an unsympathetic public was hostile toward attempts by the profession to further strengthen the so-called "closed corporations". Good public relations are being ruined, apparently, by some dentists sending irate and very dissatisfied patients out of their offices.

8. Saskatchewan

No changes in legislation this year.

9. Alberta

The registrar reports some illegal practising of dentistry, not only in Alberta, but generally speaking, across Canada. Numerous prosecutions in the courts do not appear to end this abuse. European dentists, unqualified to practise in Canada, are frequently the offenders. With certain individuals, in some localities, numerous fines do not act as a deterrent. Perhaps an

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injunction might be obtained, violation of which would almost certainly mean jail sentences for contempt of court.

10. British Columbia

(a) The College of Dental Surgeons of British Columbia was successful in its efforts to stop in Committee of the Legislature "an Act Respecting Dental Technicians". If this act had been allowed to become law, dental technicians in the province would have been given authority to deal directly with the public in supplying artificial dentures.

(b) The solicitor representing the College and the Secretary of the C.D.A. each presented prepared briefs before the Committee. All the points arising in favour of the bill were successfully refuted. The result was that the bill was killed in Committee and did not reach the legislature.

(c) It is not thought, however, that this problem has been entirely solved. Situations will arise and the illegal practice of dentistry will need careful study.

COMMENT AND RECOMMENDATIONS

Opening paragraph noted.

1. (a) Noted.
(b) Noted.
(c) Recommend that qualified representatives of the C.D.A. be sent to Newfoundland to discuss this situation with the dental board and the provincial authorities and that the Executive be responsible for such action.
2. Noted.
3. Noted.
4. (a) Noted.
(b) Appreciate efforts of the C.D.A. and other members of the profession who assisted.
(c) Commended.

These four points should be stressed by other provinces if and when amendments are proposed to their dental act.

5.-10. Noted.

Be it resolved that we view with alarm the increase of illegal practice in some provinces, also the lowering of standards for admission to the practice of dentistry in one or more provinces

And whereas the legal body in each province is charged with the responsibility of controlling and regulating the members for the protection of the public.

Be it further resolved that the C.D.A. continue to give every assistance directly and indirectly to the legal bodies in protecting the public.

We commend the Legislation Committee for an excellent Report.

11. The adoption of this report as amended is recommended.

APPROVED

MEMBERS OF AUXILIARY SERVICES COMMITTEE: R. A. ROONEY, Chairman, Edmonton, Alta.; H. R. MacLEAN, Edmonton, Alta.; A. M. REVELL, Edmonton, Alta.

REPORT

1. Since the last report of this Committee to the Board of Governors in Vancouver there have been two events of considerable importance reflecting on the relation between auxiliary services and the profession; one, an all out attempt by some laboratories in British Columbia to obtain legislation to permit them to deal directly with the public in supplying denture service; the other, in New Brunswick, came to a head through an application by the New Brunswick Dental Society to the legislature for a completely revised Act.

2. In British Columbia these laboratories had organized for the express purpose of trying to obtain legislative recognition as an organization, carried out a paid advertising campaign in the newspapers to acquaint the public with their views based on the usual line that they were competent to give a service equivalent to that of a dentist for less money since they did practically all the work anyway and the dentist got the profit. This was answered in kind by the College of Dental Surgeons of the Province pointing out the dangers in untrained individuals being permitted to interfere with the tissues of the human body. To bolster their argument these laboratories held out the situation which has existed for years in Alberta under a clause of the Public Health Act permitting an association between dentist and dental mechanic which has been outlined in detail in previous reports of this committee, as operating to the satisfaction of the public, the dentist and the mechanic. Their proposal though, differed in several very important points. In Alberta, the Public Health Board administers the permissive clause. Both the laboratory and the dentist must register with the Board their intention to associate and, for what it is worth, which isn't much, each must sign an agreement to perform his particular duties in any given case.

3. This Bill as presented was rather loosely drafted, ambiguous in places and contradictory to a degree as between various clauses. There were three particularly significant sections, indicative of the preposterous aspirations of lawlessly inclined elements trying to establish an unwarranted position. The first such section proposed an "Association to be known as the Registered Dental Technicians Association of British Columbia", and the next amplified this by defining a dental technician as "anyone registered under this act and a person who is the holder of a certificate in good standing entitling him to practice his *profession* in the province of British Columbia, who makes, produces, furnishes, alters or repairs any prosthetic denture". Thus, there would be established in one short sentence through legislation a new "*profession*" with no standards of education, training or conduct. An executive group would then be set up as a "Board of Governors" of five persons to be appointed by

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the Lieutenant-Governor in Council. These five Governors would, of course, be chosen from amongst the so-called "registered dental technicians" since these technicians were to be the only charter members. There was no provision that dentistry should be represented on this Board of Governors.

4. This Board would then make regulations providing for the admission of technicians to the new "profession" of prosthetic dentistry, prescribe the necessary qualifications for admission and for a register of such persons, the examinations required, the disciplining sections and general control of the members who, it was provided, would be known as "registered dental technicians".

5. One section which reads as follows is a gem of generosity; Section 7, sub-section (1) "Nothing in this Act or the regulations shall be deemed to prohibit any person from working as an employee of a legally qualified dentist and in the course of or as the whole or part of his duties, performing for his employer work services of a kind ordinarily performed by a dental technician". Section 7, sub-section (2) graciously "permits dentists, university or municipal clinics and apprenticed dental technicians to perform, work or services ordinarily performed by a dental technician". Section 7, sub-section (3) (and this is the joker) reads "Nothing in this section shall be deemed to permit any person who is not a registered dental technician to engage generally in the service of dentists or of two or more dentists in the performance of the work of a dental technician but the working in the service of a firm or association of dentists practicing as partners or similarly associated with one another shall be deemed working in the service of one dentist"; thus no dentist in the province could employ any person to do any of the things ordinarily done by a mechanic. According to this, a dental assistant could not make casts or models or do any similar jobs. It is apparent that sub-sections (1) and (3) of Section 7 are contradictory. However, since the things "ordinarily done by a mechanic" would have to be defined and this is not done, there would be considerable doubt how such provision in a provincial statute would stand the scrutiny of a court.

6. Another clause would permit any dental technician to deal directly with the public though providing that no work or services shall be performed which would infringe upon the work or service of a dentist and that all such work or service rendered by any technician should be limited strictly to the work of a technician as herein defined but there is no definition of "work or services rendered by a technician".

7. In order to assure that no one registered under this act would be seriously inconvenienced if caught practicing dentistry illegally, the penalty was to be "a fine of not more than \$100" or, if a corporation, "of not more than \$1,000".

8. Then comes another joker clause which reads as follows; Section 12, sub-section (1) "all dental technicians who are members in good standing of the Dental Technicians Society of British Columbia, shall be entitled as of right to membership in the Association", and the particular virtue of this section is that the "Dental Technicians Society of British Columbia" is the organization

of B.C. technicians who were pressing for the adoption of this bill. Section 12, sub-section (2) reads as follows; "all persons, other than those who are members in good standing of the Dental Technicians Society of British Columbia, carrying on business as dental technicians on the 31st day of March, A.D. 1953, shall be entitled to membership in the Association by applying to the Board for registration and complying with the rules of admission as prescribed by the Board and upon payment of the prescribed fees. Thus all legitimate and properly trained technicians would be subject to the rules and regulations set out for admission to this body and with the control originally settled in these groups there would be little doubt as to where it would stay.

9. As mentioned in the beginning of the report, the Alberta situation was held out as an example and will continue to be so. Naturally, there have been suggestions and some pressure from many sources that the Alberta Association should have the Public Health clause repealed. You may be sure the Alberta Board has had this same thought for a good many years. However, anyone who has been around legislatures much is quite aware that once legislation is enacted there is little chance of having it repealed unless there is some considerable public demand for such repeal or violent public reaction to the legislation. A little thought will recognize a legislators' reaction; if there is no public outcry then people must be satisfied, and well enough will be let alone. In Alberta, on the contrary, there is, amongst certain sections of the public, considerable support for the relation thus established for association between dentist and mechanic. Many people believe that they are obtaining an equivalent service at less cost and this Committee believes that a large part of the blame for this attitude must be laid at the door of a section of the profession. There is little likelihood of having the offending clause taken out of the Public Health Act, for some time at least.

10. The B.C. Council interviewed the provincial government pointing out all the dangers inherent in any such legislation, effectively enough so that the government refused to introduce it as a government measure. Instead, it was referred to the Private Bills Committee for study and report. Representatives of the Council and the mechanics presented their respective cases. For this interview the Council brought Dr. Gullett to Victoria and he also presented a moderate though forcefully phrased brief in opposition. The net result was that after the hearing and due consideration, the Private Bills Committee refused to endorse the bill on the grounds that it would not be in the best interests of the public. A copy of the proposed bill and of the brief as presented by Dr. Gullett are attached to this report as Appendices A and B and form part of this report for reference purposes.

11. However, there were a number of weaknesses in the draft. There was no provision for defining the terms of association of mechanic and dentist and, more important, the B.C. Council would still have disciplinary powers over any dentist who would so associate himself.

12. Your committee believes that these B.C. mechanics will consider this as

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only a temporary set back, not as a defeat. It would seem logical that since this more ambitious plan failed, they might try to get something patterned more after the Alberta arrangement in spite of the apparently more restrictive regulations.

13. In New Brunswick the situation was considerably different; certain laboratories coming into the picture publicly through the presentation of a completely new dental bill to the legislature by the New Brunswick Dental Society. This new act provided more stringent requirements and qualifications for registration and practice. From the sketchy information available it appears that two or three dental mechanics had established themselves in practice for a considerable number of years without too much interference by the professional body. The proposed new legislation would have made it impossible for these men to register, yet, over the years, they had established and maintained a practice which appeared to be satisfactory for their patients and, since this was claimed to be their only livelihood and legislatures are notoriously chary of limiting a man's means of livelihood, their contentions obtained a lot of support. There didn't appear to be any organized effort to obtain recognition for technicians as a whole but merely to retain the position these men had established. The net result of the legislative and committee discussions appears to be summed up in the clause relating to prescriptions for prosthetic appliances which, by implication, if not in fact, established a relation between a technician and a dentist which is wrong in principle and which, in practice, to a degree, makes the patient self-prescribing. This could nullify the results both the patient and the dentist should expect from any appliance. This objection is part of the prescription clause requiring the dentist to give a prescription free of charge to such dental technician as the patient may designate. Unquestionably, this will lead to trouble with the laboratories. However, since there is no compulsion on any dentist to serve any patient, the effect of this section may be nullified by the dentist refusing to serve any patient who might take advantage of it. This would depend solely on the attitude of the individual dentist towards his profession.

14. Another clause in the New Brunswick Act gives the society authority to prepare by-laws for the regulation and control of dental hygienists.

15. The committee believes that these spasmodic but increasing efforts of mechanics is going to continue and that in all probability they will, from time to time, get further recognition. The unfortunate feature is that they have strong public support from individuals who can not or will not recognize the damage that can be done by them. Their sole appeal is the price and the fact that they reiterate again and again that though they make the dentures the dentist gets the most of the money. *It behooves every dentist practising in Canada to make himself a public relations man, explaining to every denture patient where the subject arises, the relationship that should exist between the profession and the technician, emphasizing the biological factors involved and explaining that the technician's job is purely a mechanical process, the fundamentals of which may be learned in a day or two. We wish to emphasize again,*

as in the past, that the apathetic attitude of the average dentist towards this situation is the basic cause of most of our troubles with these laboratories.

16. In the United States, the American Dental Association still believes that certification of laboratories by state or local organizations is the best available answer to the problem. This may be true but after considerable study of the situation this Committee is of the opinion that the establishment of a legal status under provincial statutes for legitimate technicians is the most effective answer. Unfortunately, these legitimate technicians do not, themselves, recognize the problem they have until their livelihood is actually threatened and by that time it is too late.

17. It is probably impossible to avoid some conflict in reporting as between this Committee and the Committee on Legislation. However, since these matters concern an auxiliary service, we have covered the subject as fully as seemed necessary.

18. The situation across the whole country regarding hygienists is rather peculiar. All provinces have legislation now permitting the practice of dental hygiene and the demand for their services is greater than the supply yet comparatively few girls seem to be taking the course. This is probably due to the fact that the opportunities for such work in Canada are only beginning to become known. Most girls now take their training at various schools in the United States though the information is that Toronto has a considerable number of applicants for this year. However, classes are limited to 10, most of which will probably be absorbed by public services on graduation. There is a great need for courses to be established in other Canadian schools though there appears to be no willingness on the part of any of them to establish such courses. It is possible that provincial boards might use their influence effectively in this respect.

Appendix A

AN ACT RESPECTING DENTAL TECHNICIANS

Her MAJESTY, by and with the advice and consent of the Legislative Assembly of the Province of British Columbia, enacts as follows:

- | | |
|---|--|
| Short
Title | 1. This Act may be cited as the "Dental Technicians Act". |
| Association
of Dental
Technicians | 2. In and for the Province of British Columbia there shall be an Association to be known as the Registered Dental Technicians Association of British Columbia, (hereinafter called the Association). |
| | 3. In this Act, — |
| | (a) "Board" shall mean Governing Board of Registered Dental Technicians. |
| | (b) "Register" shall mean register under this Act. |

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- (c) "Dental Technician" shall mean a dental technician registered under this Act and a person who is the holder of a license in good standing entitling him to practice his profession in the Province of British Columbia, who makes, produces, furnishes, alters or repairs any prosthetic denture.

Governing Board

4. (1) There shall be established under this Act a Board of Governors to be known as the Governing Board of Registered Dental Technicians, to be composed of five persons to be appointed by the Lieutenant-Governors in Council.

Term of Office

(2) Of the members of the board first appointed, two shall hold office for a period of three years, two shall hold office for a period of one year, and thereafter every member appointed shall be eligible for re-appointment at the expiration of his term of office.

Vacancies

(3) Every vacancy on the Board caused by the death, resignation or incapacity of a member may be filled by the appointment, by the Lieutenant-Governor in Council, of a person to hold office for the remainder of the term of such member.

Officers

(4) The Lieutenant-Governor in Council may designate one of the members of such Board to be the first chairman, one to be the first vice-Chairman and one to be the first secretary-treasurer of the Board, and thereafter their successors in office shall be elected by the Board from time to time amongst its members.

Regulations

5. (1) Subject to the approval of the Lieutenant-Governors in Council, the Board may make regulations —

- (a) Providing for the admission of Dental Technicians to engage in the profession of prosthetic dentistry in the Province of British Columbia.
- (b) Prescribing the necessary qualifications of persons to be so admitted and proofs to be furnished as to education and good character.
- (c) Providing for and maintaining a register of persons so admitted to engage in the profession of prosthetic dentistry.
- (d) Providing for the annual renewal of registration and prescribing the annual fees payable thereon and providing for examination and entrance fees of the Association.
- (e) Providing for the admission and indenturing of

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apprentices to engage in the learning of the profession of a dental technician as defined herein.

- (f) Providing for the discipline and control of dental technicians, including the adoption and enforcement of any reasonable code of ethics.
- (g) Providing for the investigation of any complaint against a dental technician.
- (h) Providing for the cancellation or suspension of the registration of any person found by the Board to have been guilty of misconduct or to have been incompetent.
- (i) Defining "misconduct" for the purpose of this section and the regulations.
- (j) Providing for the payment of reasonable fees and disbursements to members of the Board in respect to the discharge of the duties of the Board; and
- (k) Generally for the better carrying out of the provisions of this Act.

Designation

6. (1) Any person registered under this Act shall have the right to use the designation "Registered Dental Technician" and describe his business or calling as a "Registered Dental Technician".

Use of Prohibited

(2) No person shall be entitled to use the designation "Registered Dental Technician" or any other name, title, initials, or description implying that he or she is a Registered Dental Technician unless he or she is registered under the provisions of this Act.

Performance of work by others

7. (1) Nothing in this Act or the regulations shall be deemed to prohibit any person from working as an employee of a legally qualified dentist, and in the course of or as the whole or a part of his duties of such employee, performing for his employer work or services of a kind ordinarily performed by a dental technician.

Idem

(2) Nothing in this Act shall be deemed to prohibit —

- (a) a dentist within the meaning of "The Dentistry Act";
- (b) a physician within the meaning of the "Medical Act";
- (c) a hospital dispensary, university or municipal clinic acting upon the prescription or order of a legally qualified dentist or physician; or

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General Work Prohibited	(d) apprenticed dental technicians and other persons working as employees of a registered dental technician from performing work or services ordinarily performed by a dental technician. (3) Nothing in this section shall be deemed to permit any person who is not a registered dental technician to engage generally in the service of dentists or of two or more dentists in the performance of the work of a dental technician but the working in the service of a firm or association of dentists practicing as partners or similarly associated with one another shall be deemed working in the service of one dentist.
Dealing Directly with the Public	8. Nothing in this Act shall be deemed to prohibit any Dental Technician from dealing directly with the public in the performance of work or services to be performed as a dental technician as defined herein, but no work or services shall be performed by any dental technician which in any manner, save as in herein provided, infringes within the meaning of the "Dentistry Act". All such work or services to be rendered by any dental technician shall be limited strictly to the work and services of a dental technician as herein defined.
Offences	9. Any dental technician performing work or services beyond the authority and scope as defined herein for dental technicians shall be guilty of an offence and be liable on Summary Conviction to a fine of not more than \$100 or to imprisonment for not more than one month, or to both fine and imprisonment, and in the case of a Corporation, to a fine not exceeding \$1,000 to be recovered by Distress under the provisions of the "Summary Convictions Act".
Corpora- tions	10. Nothing in this Act shall be deemed to prohibit any dental technicians from carrying on a business as a dental technician through and in the name of a corporation where the corporation has a dental technician in charge of its operations, but subject in all regards to the restrictions and rights herein granted to a dental technician as defined herein, and subject to the penalties as herein prescribed.
Proof of Registration	11. (1) In all cases where proof of registration under this Act is required to be made, the production of a printed or other copy of the register, certified under the hand of the secretary-treasurer of the Board, shall be sufficient evidence of all persons who are registered dental technicians in lieu of the production of the original register, and any certificate upon such printed or other copy of the register purporting to be

signed by any person in his capacity shall be prima facie evidence of his signature and appointment or election.

Idem (2) The absence of the name of any person from such copy shall be prima facie evidence that such person is not registered according to the provisions of this Act.

Idem (3) In the case of any person whose name does not appear in such copy, a certified copy under the hand of the secretary-treasurer of the entry of the name of such person on the register shall be evidence that such person is registered under the provision of this Act.

Entitlement to Registration 12. (1) All dental technicians who are members in good standing of the "Dental Technicians' Society of British Columbia", shall be entitled as of right to membership in the Association.

(2) All persons, other than those who are members in good standing of the "Dental Technicians' Society of British Columbia", carrying on business as dental technicians on the 31st day of March, A.D. 1952 shall be entitled to membership in the Association by applying to the Board of Registration and complying with the rules of admission as prescribed by the Board and upon payment of the prescribed fees.

Recovery of Penalties 13. The penalties imposed by this Act shall be recoverable under the Summary Convictions Act.

Commencement of Act. 14. This Act shall come into force on a day to be named by the Lieutenant-Governor by his Proclamation.

Appendix B

BRIEF

re

PROPOSED B.C. TECHNICIANS' BILL

As Presented

By Dr. Gullett, Secretary
Canadian Dental Association

1. Professional Status:

In reality the content of this Act makes request for the enactment of legislation creating a new profession. It is so stated in the proposed legislation. When a group of individuals demand to deal directly with the public for the purpose of delivering personal health services great care and careful consideration are necessary.

2. Professional Status of Dentistry

Many definitions of what constitutes a profession have been written and

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all of them contain three main characteristics namely, long academic training, provision for continuing education and provision of the best possible service. During the past century these three requisites have been gradually developed until today dentistry is recognized as a true profession. Matriculation into the study of dentistry is on a level (highest) with law and medicine. Two years pre-professional education is required after matriculation, followed by four years professional education under university discipline. All of which is mandatory before the graduate is qualified to practice directly for the public. Indeed provision is made for his further education as long as he practises his profession. Through his course of training every graduate dentist has inculcated in him a concept of service wherein reward or monetary gain is secondary.

3. Status of Dental Technician:

As the dental profession expanded the need grew for ancillary personnel. The first ancillary helper developed was the assistant or nurse, then the dental technician and now the dental hygienist is being introduced. *All these people are subsidiary to the dentist who serves the public directly.* The employment of ancillary personnel wherever possible in safety to the public means increasing the number of the public that can be served on a more reasonable basis. To break this health service family up would not best serve the public interest.

The basic educational standing of the dental technician is extremely varied, having no standard. This condition is not discreditable for it is satisfactory in any trade. The training of a dental technician is by apprenticeship which is a practicable arrangement and again satisfactory but does not provide for a basic understanding of the health condition of the patient. The service rendered to the dentist by the technician is an essential one and based primarily on its economic value. None of these attributes of the dental technician qualify for professional standing but rather are true characteristics of a trade.

4. Prosthetic Dentistry

Prosthetic Dentistry has to do with the replacement of teeth and the adjacent tissue structures. It should be pointed out that the performance of this service occurs within the oral cavity or inside the human body. The nature of these tissues are such that they are easily subject to abuse. Obviously intensive training is essential for the operator in order to protect the public. The student in dentistry before being permitted to operate in the oral cavity is obliged to study anatomy, physiology and pathology so that he may thoroughly understand the normal and abnormal conditions to be found in the mouth before any prosthetic appliance is attempted, know that the appliance is safe for the patient when inserted and make necessary adjustments while the appliance is in service. The first two years and part of the third year of the professional course is taken

up in qualifying the future dentist in order that he may be able to assess these human tissues properly before he is permitted to operate in the mouth.

The technician possesses none of these academic qualifications. He is well-qualified to fabricate the necessary appliance at the direction of the dentist who is responsible to the patient.

Abundant proof has been given by competent authorities that this lengthy fundamental training is essential for those who are to be licensed to operate in the mouth if the public safety is to be protected. The knowledge is required in prosthetic dentistry not only for the taking of impressions but with the same certainty in fitting the finished appliance and rendering service for the appliance throughout the years. The alteration or repair of an appliance or denture requires the same knowledge of human tissues as any other operation. It is our contention that the dental technician does not possess the requisite knowledge and consequently can not deal directly with the public in safety.

5. Economics

Much has appeared in the newspapers in respect of the economics of the dentist and the technician. As pointed out above, professionally speaking the question of gain is a secondary consideration. Any dentist who places financial reward ahead of his service is no longer a professional man. Price is a commercial term wherein competition and quality are involved so adequately illustrated by statements made by the technicians in the newspapers during this dispute.

However the question raised should have some answer. Members of the dental profession have no reason to be ashamed of their incomes for the facts should justify fair dealings with the public. In the figures just released by the Department of National Revenue it will be found that only 3570 out of our 5000 dentists had incomes which were assessable for income tax purposes. Of the recognized professions, dentists were in fourth place as to amount of income, being exceeded by lawyers, medical practitioners, engineers and architects, their income being approximately two-thirds that of lawyers or medical practitioners. The dentist has never been a high income individual. He obtains a reasonably good living.

Income for dental technicians is not given in the publication referred to but there is reason to believe that there are technicians who make a higher income than many dentists. Of course the reverse is true that many dentists have a higher income than technicians. In our opinion comparison of income should be made on a basis of annual income rather than the price of a particular item.

The dentist renders a health service to the public but the technician fabricates an appliance. The dentist operates with human tissues but the technician works with inert materials. The dentist operates in an environment adjusted to his patients but the technician works in a shop

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arranged to suit his personal needs. The dentist utilizes the prescribed article produced by the technician as a part of his service to the patient but the technician produces only the lifeless appendage of the service. Under such conditions no comparison of the technician's price for an appliance and the dentist's fee for a service of which the appliance forms a part, is possible. Arguments of this nature are not tenable.

6. The Test

The health professions have held supreme certain standards of service to the public. The first has always been that the service rendered must be the best possible within the capabilities of the operator. And the second test is that the service rendered must be one that the dentist would accept for himself or a member of his family. It matters not whether the patient may be a dweller in the castle or a man from the gutter, the tests are the same. To us these same tests should be made personally by legislators when considering such proposed legislation as we have before us today. By whom would you choose to have a dental service rendered? — a qualified professional man or an unqualified dental technician.

HISTORICAL NOTES RE LEGISLATION FOR DENTAL TECHNICIANS

During the summer of 1948 and again in 1952, the speaker carried out a personal investigation upon this matter in Great Britain and several European countries. Interviews were held with both government authorities and professional representatives, upon which the following statements are based.

Germany:

Germany was the first country where this question arose. After the introduction of unlimited compulsory health insurance there was found to be a real shortage of qualified dental personnel. Eventually in 1914 the ranks of the profession were opened to permit technicians to deal directly with the public. It is true that some limitations as to kind of dental service were made but this proviso made little difference for without any further permissive legislation technicians soon were performing all types of dental service for the public. The end effect is common knowledge in that dental service degenerated with recruitment to the qualified ranks made difficult. After all these years experience, the true situation has become recognized and in January 1952 the German government enacted legislation very carefully confining the practice of prosthetic dentistry to fully qualified dentists.

Great Britain:

The British government delayed for many years granting the dental profession autonomy. However, immediately following the first world war (an effort interrupted by the war) the government set up a committee to inquire into the position of dentistry which resulted in the enactment of the Dentists Act

1921 replacing the former weak act of 1878. A quotation from the government report of inquiry in respect to dental technicians is of interest:

“that the practice of dentistry and dental surgery by persons not qualified under the Dentists Act is mainly responsible for the following evils: —

- “(a) The lowering in social status and public esteem of the dental profession.
- “(b) The great shortage of registered dentists owing to the unattractiveness of the profession.
- “(c) inability of the general public to distinguish between a registered and unregistered practitioner.
- “(d) The dental treatment of the public being largely by uneducated, untrained and unskilled persons.
- “(e) Grave personal injury on account of lack of skill and of technical knowledge.
- “(f) Extractions of sound and only slightly decayed teeth.
- “(g) Application of artificial teeth over decayed stumps and into septic mouths.
- “(h) The existence in the public mind of the belief that there is no advantage in preserving the natural teeth and that these should be allowed to decay and when trouble arises have all the teeth out and substitute a plate of artificial ones.”

With the proposed introduction of the National Health Service Act in Great Britain the government set up an Inter-Departmental Committee on Dentistry under the Chairmanship of Lord Teviot. The committee was particularly interested in ancillary dental personnel and heard all possible arguments respecting dental technicians working directly for the public with the end result that it was considered most inadvisable.

Soon after the report of Teviot Committee was released (1946) a minority group of dental technicians organized themselves expressly for the purpose of campaigning for the right of the technician to work directly for the public. This organization never had the support of the two technicians' unions who include in their numbers the great bulk of British technicians but what the organization lacked in numbers they made up in noise. This organization named The Incorporated Dental Technicians' Association, attempted to obtain an amendment to the 1951 Dentists' Bill in the British Parliament granting them the right to deal directly with the public. The amendment was defeated. During the year this organization submitted to the government a lengthy brief in which it was chiefly stated that dental technicians could produce dentures for the public directly for a more reasonable price. When questioned in the House respecting this brief the Minister of Health made reply that the proposals would appear to involve contravention of the provisions of the Dentists' Act designed to safeguard the public.

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United States:

From time to time this same question has arisen in many of the State Legislatures. However, no state has seen fit to adopt such legislation.

SUMMARY

1. The vocation of dental technician does not qualify for professional status.
2. The important part of the practice of prosthetic dentistry is the human or biological factor which necessitates the knowledge of a fully qualified dental practitioner.
3. The protection of the public is assured when the technician works from definite instructions given by a qualified dentist based upon his diagnosis, treatment and prognosis of the individual patient's health need.
4. Basic dental knowledge is possessed only by the dentist and fragmentation of practice will only result to the disadvantage of the patient.
5. Comparison to other prosthetic appliances such as artificial limbs, eyeglasses, etc. are not possible because of the soft, intra-oral tissues involved.
6. The inherent difficulties can be judged by the fact that even under present conditions the most difficult part of dental practice in satisfying the public is recognized to be in the denture field.
7. The proposal is not new, having been tried in other countries and discredited. Among the stated reasons for legislating against allowing dental technicians to practice prosthetic dentistry are the following:
 - (a) Drastic lowering of standard of dental service to the public.
 - (b) Reduced recruitment of personnel to the dental profession. (Even under present circumstances a shortage of dental personnel exists.)
 - (c) Diseased conditions in mouths of people through dentures being inserted over roots of teeth and other pathological conditions.
 - (d) Needless loss of natural teeth through encouragement by dental technicians, only interested in people with all teeth removed.
 - (e) Inability to confine practice of technicians to prosthetic dentistry.
 - (f) Disregard of ethical considerations in dealing with the public.

COMMENT

We have studied this report and wish to commend the Committee for having made a very exhaustive and concentrated study of the proposed B.C. Dental Technicians' Act. The concise manner in which the dangerous features of this Act are presented in the Report, is highly appreciated.

The reference to other provinces and other problems concerning auxiliary personnel is of equal interest and value.

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- 1.-14. As these are all informative, they were noted and recommended for careful perusal by all members of Legal Bodies.
15. Noted and approved. We recommend that the last two sentences be italicized when printing the report.
- 16.-17. Noted.
18. We highly commend this paragraph to the attention of the Board of Governors.
We recommend this report for adoption.

APPROVED

SPECIALISTS AND SPECIALIZATION

MEMBERS OF SPECIALISTS AND SPECIALIZATION COMMITTEE: A. G. RACEY, Chairman, Montreal, P.Q.; A. RAYMOND, Montreal, P.Q.; W. J. JOHNSTON, Montreal, P.Q.

REPORT

I The Committee has studied and made recommendations regarding —

(A) The Report on the Report of the Committee on Specialists and Specialization presented in 1948 is appended to this Report as Appendix A.

The recommended changes are:

B. By-laws to Regulate Specialists and Specialization

3. Delete the words — “to the exclusion of general practice”
4. Delete the words — “since its receipt”

C. Rules and Regulations for Certification of Specialists

1. Definition of a Specialist

In the profession of dentistry a specialist is defined as a graduate dentist who through further study and practice has attained advanced knowledge and skill in a particular field and who limits his practice to that field, and whose aims should be —

- (1) to render a specially qualified service to the public.
- (2) to advance the science of the particular specialty.
- (3) and to elevate the standards pertaining to the practice thereof.

2. Granting of Specialists' Certificates to Dentists confining their practice to a Specialty at the time of adoption of the plan

Any licensed dentist who has confined his practice to a recognized specialty and who has been recognized by the Board as so doing, may upon satisfying the Board as to qualifications, good character and ethical conduct and upon payment of the required fee be granted a certificate qualifying him to practise as a specialist.

3. Recognized Specialties

The following fields of dentistry are suggested for recognition as Specialties.

1. Endodontics
2. Oral Surgery
3. Orthodontics
4. Pedodontics

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5. Periodontics
6. Prosthodontics
4. **New Candidates for Certification as a Specialist must show evidence of each of the following:**
 1. **Educational Requirements**

A candidate must have completed a graduate course in the specialty designated in any dental school or institution approved by the Board.
 2. **Previous Practice Required**

A candidate should have been engaged in the practice of dentistry before presenting his application for a specialist's certificate.
 3. **Examination Requirements**

A candidate must provide evidence of having passed the necessary examinations to meet the requirements of the Board plus an additional examination at the discretion of the Board.
 4. **Limitation of Practice**

A specialist must limit his practice to his special field.
 5. **Certificate**

A Certificate should be issued by the Board.
 6. **Fee for Certification**

A suitable fee for registration, examination and administration should be set by the Board.
 7. **Control**

Examinations and Certification of applicants should be controlled by the Board.

II Recommendations

That a Certification Committee for each specialty should be formed and that these committees should establish suitable requirements applicable to their specialty and conforming to the regulations of the Board.

REPORT ON REPORT OF COMMITTEE ON SPECIALISTS AND SPECIALIZATION (1948)

A. The following submission is intended to be a model plan for the regulation of specialists and specialization, to be used in part or whole by any of the

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provinces in the Dominion should they desire it. A suggested application form for Specialist's Certificate is also included (Appendix A).

B. By-Laws to Regulate Specialists and Specialization

(1) No licensed dentist shall announce or hold himself out to the public as a specialist or as being specially qualified in any particular branch of dentistry, unless he has complied with the additional requirements established by the Board of the Province of

(2) The Board will reserve the right to give such examination as it may deem necessary to determine the qualification of applicants, and may secure such assistance as the Board may deem advisable in determining the qualifications of applicants.

(3) Every dentist who has been granted a specialist's certificate and who is practising as a specialist must limit his practice to that specialty to the exclusion of general practice.

(4) The Board will have the right at any time to revoke a certificate of qualification if it shall determine in its sole judgment that a candidate who has received his certificate either was not qualified to receive it, or has become disqualified since its receipt.

(5) Re-application may be made by any dentist whose certificate of qualification as a specialist has been revoked.

C. Rules and Regulations for Certification of Specialists

(1) *Definition of a Specialist* — In the profession of dentistry a specialist is defined as a graduate dentist who through approved advance study and practice, attained expert knowledge and skill in a special field, and who limits his practice to that field.

(2) *Granting of Specialists' Certificate to Dentists Confining their Practice to a Specialty at the time of adoption of Plan* — A licensed dentist who for a period of five years prior to the date of adoption of the plan, has confined his practice to a specialty and has been recognized by the Board as to qualifications, good character and ethical conduct, and upon payment of the required fee, may upon application be granted a certificate qualifying him to practise as a specialist.

(3) *Recognized Specialists* — The specialties which may be recognized at this time are six in number: —

Endodontia
Oral Surgery
Orthodontics
Pedodontics
Periodontia
Prosthodontia

(4) *Educational Requirements* — A candidate must have completed a graduate course in the specialty designated, in any dental school or institution

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approved by the Board, consisting of not less than thirty-two continuous weeks of instruction, or the equivalent of such a course.

(5) *Previous Practice Required* — A candidate must have completed at least three years of private practice in dentistry before presenting his application for a specialists certificate.

(6) *Examination Requirements* — A candidate must provide evidence of having passed the necessary examinations to meet the requirements of the Board plus an additional examination at the discretion of the Board.

(7) *Limitation of Practice* — A specialist must limit his practice to his special field.

(8) *Fee for Original Certification* — A suitable fee for registration, examination and administration should be set by the Board.

(10) *Fee for Renewal of Certificate* — The fee should cover cost of renewal only.

(11) *Control* — Examinations and licensing of applicants should be controlled by the Provincial Board.

D. Special Recommendation —

The various Provincial Boards proposing to adopt this model plan on Specialization or any part of it, should consider the advisability of setting up advisory sub-committee of the specialists which they wish recognized, for the control and for the examination if necessary in that particular specialty.

E. We heartily congratulate the Committee on Specialists and Specialization for the excellence of the material included in their report and with the minor alterations included above, recommended its adoption.

APPLICATION FOR SPECIALISTS' CERTIFICATE

- (1) Full Name
- (2) Street Address City.....
- (3) Date of Birth Place of Birth.....
- (4) Specialty in which certificate is desired
- (5) If granted, where do you plan to practice this specialty?

(6) Dental Education

Graduate of what Dental Schools
Special degrees or certificates
If so, designate them when, where and how required

- (7) Any degrees other than dental?

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- (8) How many years have you devoted to the private practice of dentistry?
.....
- (9) Graduate training:
Give names of institutions and exact dates of attendance
.....
.....
- (10) Other training:
Have you served any internships in hospitals or clinics? If so, give details
as to exact dates and locations
.....
.....
- (11) Have you been associated with other specialists?
If so, give details as to exact dates and locations
.....
.....
- (12) Have you been a member of a teaching staff in this branch of dentistry?
..... Where and what dates?
.....
- (13) State any other experiences in chosen specialty not given in (8) (9) and
(10) with specific details
.....
.....
- (14) Have you engaged in research work? If so, give details
.....
.....
- (15) Name three legally qualified dentists (one of whom is a specialist in
your special field) with addresses to whom references could be obtained
respecting your ability
.....
.....
- (16) In what scientific societies of the above specialty of dentistry are you a
member in good standing?
.....
.....
- (17) What have been your contributions either by clinics given or articles
published to the above specialty of dentistry?
.....
- (18) Do you agree to limit your practice to this specialty?
Having carefully read the attached rules and regulations, I agree to
abide by the same and hereby make application for a certificate as a
specialist in the Province of

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The required registration fee accompanies this application.

Subscribed in my presence and sworn to before me in the county
ofProvince of

.....
Signature

this Day of19

.....
A Commissioner, etc.

COMMENT

(In this report the term "Board" shall mean the provincial licensing body.)

The committee bringing in the report on Specialists and Specialization is a revival of a committee which in 1948 brought in a report outlining the ideas of the C.D.A. on this subject. The idea of the present committee was to review the situation and bring the material up-to-date.

1. A Noted.

B Deletions 3. Agreed.

4. Agreed.

C 1. Definition with additions agreed and commended.

2. Agreed.

3. Agreed.

4. (1) Agreed.

(2) Agreed in principle. Whether the candidate should have been engaged in general practice or in practice with a specialist and for what length of time, was fully discussed. No definite decision was reached in this matter.

(3) - (7) Agreed.

II. Recommendations

Agreed in principle. It was thought that at certain times a Board in itself might not feel exactly qualified to pass judgment on certain candidates, even though such candidates might have fulfilled the stated requirements. In such a case we thought that the Board might profitably call in for consultation, certain well respected and qualified practitioners who were already certified in that particular specialty.

SPECIALISTS AND SPECIALIZATION

Conclusion

It was considered that the matter of certifying specialists in any particular branch of Dentistry should be kept on a high level. Only in this way will the public and the rest of the profession have the full confidence and trust in a certification of this kind.

The Committee on Specialists and Specialization is commended for its careful consideration of the matter.

We recommend the adoption of this Report of the Committee on Specialists and Specialization.

APPROVED

MEMBERS OF ETHICS COMMITTEE: J. D. McLEAN, Chairman, Dalhousie, N.S.; O. L. OATWAY, Red Deer, Alta.; S. C. HODGSON, Edmonton, Alta.; J. P. WHYTE, Swift Current, Sask.; H. N. B. BEACH, Ottawa, Ont.

REPORT

1. Although there is little to report of a concrete nature at this time, we should like to assure you that this is no indication of lack of activity on the part of this Committee.
2. Certain controversial matters are under consideration at the moment, but until such time as we can arrive at a satisfactory solution within the Committee, we should prefer to delay any detailed report.
3. Continuing study of the dental literature, as well as the material forwarded from the press clipping service of the Headquarters is being made, and reports will be submitted from time to time as indicated.

COMMENT

1. & 2. We congratulate the Committee on Ethics on the very complete booklet "A Guide to Professional Conduct" published two years ago and recommend that this be reviewed by members of the profession from time to time.
3. We commend this Committee for their work and their policy of continued study and the submitting of reports.

We recommend the adoption of the Report of the Committee on Ethics.

APPROVED

CONVENTION



MEMBERS OF CONVENTION COMMITTEE: M. L. DONIGAN, Chairman, Montreal, P.Q.; J. W. ABRAHAM, Montreal, P.Q.; DENIS FOREST, Montreal, P.Q.

REPORT

Your Convention Committee reports as follows:

LOCATION

As indicated in the preliminary report, the entire programme, with the exception of the following events, will be held in the Sheraton - Mt. Royal Hotel.

- (A) The Clinical 'AT HOME' of the University of Montreal.
- (B) The President's Dinner Dance, sponsored by the C.D.S.P.Q. which will be held in the Rose Room and Ball Room of the Windsor Hotel, two blocks distant from Convention headquarters.
- (C) Certain events in the Ladies Programme.

COMMITTEES

All Committees have been appointed and are in operation.

PROGRAMME:

The Committee feels that, with the possibility of one or two minor changes, the programme will afford ample interest to all those attending.

Appendix "A" to this report gives the programme in almost complete detail.

Appendix "B" gives that portion of the programme to be held at the University of Montreal.

The entire list of Table Clinics, numbering approximately 30, was published in the August issue of the Journal.

Note: The Committee feels that the "Atomic Energy in Dentistry" section of the programme should be of considerable interest.

EXHIBITS

As of June 1st, 45 firms have reserved space, the rental value of such space being \$6340.00 and representing 90% of the estimated sales; the Committee does not anticipate any difficulty in a 100% sellout.

HOTELS AND HOUSING

Ample accommodation has been assured by the Sheraton - Mt. Royal and the Laurentian Hotels. Excellent cooperation has been received to date from these hotels in turning over to the Committee all requests for reservation received by them. No difficulty is anticipated in connection with this section.

PUBLICITY:

This Committee has been functioning for some time; activities to date and proposed are as follows —

(A) Publicity has appeared in the April and May issues of the Journal in both English and French Sections. The June issue contained a two-page spread of the preliminary programme, the July issue a one-page spread of the University of Montreal section of the programme, and the August issue a three-page spread of the final programme — these also were in both sections of the Journal.

(B) A circular letter was sent out to all dental graduates of McGill University by the Graduates' Society, inviting them to return for class reunions etc.

(C) A four page brochure, containing the preliminary programme and all essential information regarding the Meeting was mailed to all members of the C.D.A. about mid June.

(D) Material supplied by the Montreal Tourist and Convention Bureau, plus a cartoon piece urging early reservations and registration, was mailed to all members of the C.D.A. about the end of June.

REGISTRATION:

Advance registration forms were prepared and distributed to various dental societies in Quebec and Eastern Ontario, and a registration booth was set up at the recent O.D.A. meeting. While it is too early to evaluate the results of the latter, it is felt that, with the exception of the Montreal dental Club, the results from other societies have been very poor. As of August 1st, approximately 400 have registered, 125 of these being M.D.C. members.

ENTERTAINMENT:

The following events have been arranged by this Committee —

(A) Sunday Musicale, will be held at 8:45 p.m. in Sheraton Hall.

(B) The C.D.A. Luncheon.

(C) The President's Dinner Dance.

(D) The Montreal Dental Club Luncheon.

ART EXHIBIT:

After careful consideration, the Committee decided to hold the exhibit and will endeavour to keep the cost as low as possible. The space to be used will be the Mezzanine at the Hotel, the same as used by the Canadian Medical Association for their exhibit.

BUDGET

As indicated in the preliminary report —

(A) The surplus or deficit is to be shared equally by the C.D.A. and the M.D.C.

CONVENTION

(B) The C.D.S.P.Q. is responsible for any surplus or deficit resulting from the President's Dinner Dance.

(C) No registration fee is being charged to U.S. participants in the programme.

(D) The estimated receipts of \$16,400 are largely dependent on a minimum of 700 attendance, any increase in this figure should result in a larger surplus.

(E) The estimated Disbursements would appear to be approximately as anticipated, with the necessary bilingual printing of stationery, preliminary programmes, final programmes, etc. increasing this item considerably.

TRANSPORTATION:

Arrangements are being made to transport all those who wish to attend the Tuesday afternoon session at the University of Montreal.

The Ladies' Committee is looking after its own transport problems.

LADIES:

See Appendix "C" to this report.

GOLF:

As per preliminary report.

At this time your Committee feels that all indications point to a successful meeting.

Appendix A

PROGRAMME

(subject to changes)

SATURDAY, OCTOBER 17th.

Intercollegiate Football, McGill University vs. Western. (Apply for tickets direct to McGill Athletic Office, Montreal, Que.)

SUNDAY, OCTOBER 18th.

11.00-5 P.M. — Registration.

9 P.M. — Evening Musicale, featuring Radio Choral Singers and Artists. Classical and Semi-Classical Musical numbers.

MONDAY, OCTOBER 19th.

8.30 A.M. — Registration.

9.00 A.M. — Exhibits

9.30 A.M. - 12 — Table Clinics (see August Issue of C.D.A. Journal for complete list).

12.30 P.M. — C.D.A. Luncheon and Business Meeting.

3.00 P.M. — H. A. BAXTER, M.D.C.M., M. Sc., D.D.S., Surgeon-In-Charge, Sub-Dept. Plastic Surgery, Royal Victoria Hospital.

CONVENTION

Subject: "A complete Rehabilitation Programme for Cleft Lip and Palate Cases".

4.00 P.M. — E. L. R. WILLIAMSON, Administrator of the Canadian Dental Association Pension-Assurance Plan, Brockville, Ont.

4.15 P.M. — The George Grieve Memorial Lecture, G. V. FISK, D.D.S., Toronto.

Subject: "Recent Trends in Orthodontics".

7.00 P.M. — Exhibits open until 10.P.M.

Hospitality Night.

Class Reunions, etc.

TUESDAY, OCTOBER 20th..

9.30 A.M. — HANS SELYE, M.D., Ph.D., B.Sc., F.R.S. (c), Professor and Director, Institute of Experimental Medicine and Surgery, University of Montreal.

Subject: "The Diseases of Stress".

9.30 - 12.30 — Atomic Energy in Dentistry Programme,
Participants —

W. W. WAINWRIGHT, D.D.S., M.S., F.A.C.D.,
Professor of Radiology, College of Dentistry, University
of Illinois, Chicago.

Subject: "The Developments with Radioisotopes".

C. P. LEBLOND, M.D. (Paris), Ph.D., (Montreal), D.Sc.,
(Sorbonne), Professor of Anatomy, Faculty of Medicine,
McGill University.

Subject: "Radioisotope Studies in Tooth Formation".

E. DALE TROUT, B.S., Sc.D., JOHN P. KELLEY, B.S.,
ARTHUR G. LUCAS, Milwaukee, Wis.

Subject: "The Radiation Hazard to Patient and Operator
in Dental Radiography".

D. L. TABERN, M.D., Head Special Research, Abbott
Laboratories, Chicago, Ill.

Subject: Advances in Pharmacological and Medical Uses
of Radioactive Substances".

10.45 A.M. - 12 — Group Clinics.

Group Clinicians:

1. P. J. ANDERSON, D.D.S., Professor of Operative Dentistry, University of Toronto, Ont.

Subject: "Operative Dentistry".

2. H. BERK, D.D.S., Instructor Oral Pediatrics, Tufts
College Dental School, Boston, Mass.

Subject: "Treatment and Restoration of Injured Teeth".

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3. H. M. CLINE, D.D.S., F.A.C.D., Vancouver, B.C.
Subject: "Gold Foil, Its Uses and Influence on Operative Procedures".
4. S. CRIPPS, D.D.S., Dept. Periodontia, McGill University, Montreal.
Subject: "Occlusal Equilibration".
5. D. P. DOBSON, CDR., (DC) USN., Bethesda, Md.
Subject: "Intermaxillary Relations in Complete Denture Construction".
6. G. M. FITZGERALD, D.D.S., F.A.C.D., F.A.A.O.R., University of California.
Subject: "Radiography".
7. R. GENDRON, D.D.S., Assistant Professor of Periodontia, University of Montreal.
Subject: "Temporo-Mandibular Disturbances Associated With Faulty Occlusion. (Conservative Treatment)".
8. R. J. GODFREY, D.D.S., M. Sc., (Dent), Professor of Prosthodontia, University of Toronto.
Subject: "Diagnosis and Mouth Preparation for Partial Dentures".
9. W. J. HEDMAN, C.D.R. (DC) U.S.N., Bethesda, Md.
Subject: "Culture Controlled Aseptic Techniques in Endodontics".
10. J. B. MILLER, D.D.S., New York, N.Y.
Subject: "Use of Hydrocolloids in Operative Dentistry".
11. W. F. WALFORD, D.D.S., P. J. GITNICK, D.D.S., Dept. of Periodontia, Faculty of Dentistry, McGill University.
Subject: "Practical Periodontia".
12. R. R. McINTYRE, D.D.S., F.I.C.D., Calgary, Alberta.
Subject: "Preventive Orthodontics".
14. Maj. E. C. PURDY, R.C.D.C., Ottawa, Ont.
Subject: "Principles of Endodontia and Periapical Surgery".
15. A. RAYMOND, D.D.S., Assistant Professor of Oral Surgery, University of Montreal.
Subject: "Anatomy and Pathology of the Temporo-Mandibular Joint".
16. H. H. SHAPIRO, D.M.D., Assistant Professor of Anatomy, Columbia University, New York, N.Y.
Subject: "Differential Diagnosis of Dental Pain".
17. Lt-Col. G. B. SHILLINGTON, R.C.D.C., Ottawa, Ont.
Subject: "Preservation of Supporting Tissues in Partial Denture Prosthesis".

CONVENTION

18. V. L. STEFFEL, D.D.S., Chairman Partial Denture Dept., Ohio State University, Columbus, Ohio.
Subject: "Partial Dentures".
19. D. McG. TANNER, M.B.E., D.D.S. B.Sc. (Dent.), F.I.C.D., Associate Professor of Dental Surgery and Anaesthesia, University of Toronto.
Subject: "Principles in Oral Surgery".

12.00 — Lunch Where You Wish.

2.30 P.M. — The entire afternoon programme will be held at the School of Dentistry, University of Montreal. See the July issue of the C.D.A. Journal for a complete list of events. Buses will begin leaving the hotel at 1.30 P.M., returning at the close of the programme. The following table clinics of the "Atomic Energy in Dentistry" programme will also be held at the University of Montreal.

"The Preparation and Distribution of Radioactive Substances for Therapy and Research".

DR. D. L. TABERN, Chicago, Ill.

"The Measurement of Secondary Radiation from the Dental X-Ray Unit".

Dr. E. D. TROUT, Milwaukee, Wisc.

"Dental Radiology and Radiobiology".

Dr. W. W. WAINWRIGHT, Chicago, Ill.

6.00 P.M. — Exhibits Closed.

7.00 P.M. — President's Reception and Dinner Dance (Dress Optional). Sponsored by the College of Dental Surgeons, Province of Quebec.

WEDNESDAY, OCTOBER 21st.

9.30 - 11.30 A.M. — Essays.

12.30 P.M. — Montreal Dental Club Luncheon — Entertainment.

2.30 P.M. —

4.00 P.M. — Group Clinics Repeated.

See Tuesday A.M. programme.

Appendix B

PRELIMINARY PROGRAMME OF THE TUESDAY AFTERNOON SESSION TO BE HELD AT THE FACULTY OF DENTISTRY UNIVERSITY OF MONTREAL

I DENTAL ANATOMY

Table Clinics

Gauthier, Gustave, D.D.S., — "Human Tooth Dissection"

CONVENTION

Bussieres, Julien, D.D.S.,	— "Dental Histology"
Pelletier, Robert	— "Anatomical Drawing"

II CROWN and BRIDGE

Table Clinics

Trottier, Jean, P., D.D.S.,	— "Bridge Abutments"
Robichaud, M., D.D.S.	— "Crown and Bridge"
Charette, Roger, D.D.S.	— "Reversible Technique for Crown and Bridge"

Motion Pictures

Two sound motion pictures describing techniques for the preparation of abutments for jacket crowns.

III DIAGNOSIS

Table Clinics

L'Archeveque, A., D.D.S.	— "Examination of patients — Records — General Direction of Clinics"
Fontaine, Jean, D.D.S.	— "The updegrave X-Ray Technique for the Temporomandibular joint"
Pelletier, George, D.D.S.	— "Treatment planning"

Exhibits

Fontaine, Jean, D.D.S.	— "Radiographs of Unusual Interest"
Fontaine, Jean, D.D.S.	— "Oral Soft Tissues Lesions"

IV ENDODONTIA

Table Clinics

Allaire, Gilles, D.D.S.	— "Pulp Testers"
Poirier, Guy, D.D.S.	— "Medication for Endodontia"
Cardin, Francois, D.D.S.	— "Instrumentation for Endodontia"

Visual Education

Tremblay, Vincent, D.D.S.	— "Case Histories in Endodontia"
Belisle, P. Emile, D.D.S.	— "Tooth Bleaching"

V OPERATIVE DENTISTRY

Table Clinics

- “Technique for acrylic fillings — cavity preparation, preparation of acrylics, insertion”.
- “Techniques for amalgam fillings — cavity preparations, preparation of amalgam, insertion”.
- “Techniques for gold foil — cavity preparation, insertion”.
- “Techniques for gold inlays — cavity preparation, impression, casting, cementing”.
- “Techniques for silicate fillings — cavity preparation, preparation of silicates, insertion”
- N.B. Names of clinicians will appear at a later date.
- Baril, Gilles, D.D.S. — “Electroplating”
- Renaud, J. Arthur, D.D.S. — “Pulp Capping”

Motion Pictures

- Renaud, J. Arthur, D.D.S. — “Dental Amalgam”
- Deschenes, Herve, D.D.S. — “Aident Technique”
- N.B. This motion picture will be supplemented by a clinical demonstration with the Aident apparatus.

Visual Education

- Coulombe, Roger, D.D.S. — “Gold Foil Restorations”

Exhibits

- Cavity Preparations —

VI ORAL SURGERY and ANESTHESIA

Table Clinics

- | | |
|-------------------------|---|
| de Montigny, G., D.D.S. | — “Medication in Oral Surgery” |
| Raymond, A., D.D.S. | — “Human Head Dissection” |
| Madore, Claude, D.D.S. | — “Anatomical Landmarks for Local Anesthesia” |

Chair Clinic

- | | |
|----------------|-------------------------------|
| Senecal, J. A. | — “Techniques for Impactions” |
|----------------|-------------------------------|

Motion Picture

- | | |
|------------------|---|
| Seldin, Harry M. | — “Temporo-mandibular Dysfunction — Anatomy, Injection” |
|------------------|---|

CONVENTION

VII ORTHODONTICS

Table Clinics

- | | |
|-------------------------|--|
| Geoffrion, Paul, D.D.S. | — “Overcoming of vicious habits by Psychotherapy” |
| Bengle, Otto, D.D.S. | — “Construction of Space Maintainers using stainless steel crowns” |
| Beausejour, G., D.D.S. | — “Treatment of Linguo-Versions of Incisors in class I” |
| Lepine, Louis, D.D.S. | — “Construction of Space Maintainers |

Motion Pictures

- | | |
|---|--|
| Geoffrion, Paul, D.D.S.
and
Lord, Gabriel, D.D.S.
Hebert, Onil, D.D.S. | “Impression Technique using The Gnathostat” |
| | — “Vicious Habits of Children and their Results” |
| Geoffrion, Paul, D.D.S. | — “Total Anodontia” |
| Geoffrion, Paul, D.D.S. | — “Technique for Facial Impressions” |

Chair Clinics

- | | |
|-------------------------|--|
| Oliver, Austin, D.D.S. | — “Treatment of Labio-version by means of an Acrylic Appliance” |
| Kennedy, Duncan, D.D.S. | — “Treatment of certain malocclusions by means of Modified Crozat Appliance” |
| Oliver, Howard, D.D.S. | — “Radiographic Technique of the Cranium using Margolis Cephalostat |

VIII PEDODONTICS

Table Clinics

- | | |
|--------------------------|---------------------------------------|
| Benoit, Guy, D.D.S. | — “Space Maintainers” |
| Leblanc, Adelard, D.D.S. | — “Pulp Treatment on Deciduous Teeth” |

Chair Clinic

- | | |
|----------------------------|--------------------------------------|
| Charpentier, J. L., D.D.S. | — “Topical Application of Fluorides” |
|----------------------------|--------------------------------------|

IX PERIODONTICS**Chair Clinics**

- | | |
|----------------------------|--------------------------------------|
| Charpentier, J. L., D.D.S. | — “Sub-gingival Curettage” |
| Pelletier, Georges, D.D.S. | — “Equilibration of Occlusion” |
| Gendron, Roland, D.D.S. | — “Gingivoectomy and Flap Operation” |

X PROSTHESIS**Table Clinics**

- | | |
|-----------------------------|---|
| Brouillet, Henri, D.D.S. | — “Planning, Designing and Casting of Partial Dentures” |
| Patenaude, Camille, D.D.S. | — “Duplication of Complete Denture using the Hanan Hooper Duplicator” |
| de Montigny, Gerard, D.D.S. | — “Obturators for Cleft Palate Patients” |

Chair Clinics

- | | |
|-------------------------|--|
| Poupart, Romeo, D.D.S. | — “Technique of Full Impressions using Compound combined with Plaster” |
| Dube, Victorien, D.D.S. | — “Impressions for Relining” |
| Lussier, Eugene, D.D.S. | — “Teeth Setting on Anatomical Articulator” |
| Nadeau, Jean, D.D.S. | — “Closed-mouth Technique for Impression” |
| Nadeau, Jean, D.D.S. | — “Special Prosthesis” |

Motion Pictures

- | | |
|----------------------|----------------------------|
| Nadeau, Jean, D.D.S. | — “Functional Impressions” |
|----------------------|----------------------------|

Also on the program, there will appear presentations of basic sciences, Diet and Nutrition, Bacteriology, Pathology, Biology, Chemistry and Physiology.

Appendix C**LADIES' PROGRAMME****SUNDAY, October 18th**

P.M. 9.00 — Evening Musicale . . . Sheraton Hall, Sheraton-Mount Royal Hotel

MONDAY, October 19th

A.M. 9.00 to 1.00 p.m. — Registration . . . Cartier Room, Sheraton - Mount Royal Hotel

CONVENTION

11.00 to 12.30 p.m. — Coffee Party . . . Cartier Room.

P.M. 4.00 — Civic Reception and Tea at the Chalet on top of Mont Royal

TUESDAY, October 20th

P.M. 1.30 — Tour of points of interest of the University of Montreal and Reception

7.00 — **President's Dinner and Dance — Ball Room Windsor Hotel**

WEDNESDAY October 21st

A.M. 10.00 — Bus Trip to the beautiful Laurentians, stopping for lunch at the Alpine Inn

Items underlined are functions at which the men are hosts.

LADIES COMMITTEE

Mrs. Gustave Ratté, Chairman.

Mrs. Johnston W. Abraham, Co-Chairman.

Appendix D

PRESIDENT'S DINNER AND DANCE

Preliminary report of the Ball in honour of the President of the Canadian Dental Association at the Joint Meeting of the Canadian Dental Association and the Annual Montreal Fall Clinic, October 1953 in Montreal.

This function, as accepted at the first meeting of the 1953 Convention Committee, is directly under the auspices of the College of Dental Surgeons of the Province of Quebec, who are responsible for it in all ways, including profit or loss.

The purposes set forth are to have fellowship, to honour the president of the C.D.A. and to honour the University of Montreal on the occasion of its celebrating its 50th Anniversary of the commencement of teaching Dentistry.

A committee of eight, from the three main Dental Societies of Montreal, was appointed and have held three meetings.

The site of the event is to be in the Windsor Hall and Rose Room of the Windsor Hotel, Montreal. The date is Tuesday, October 20, at seven p.m. sharp. It has been decided that dress is to be optional, no reservations for tables are to be made and the charge is to be six dollars per person.

It is necessary that some addresses be made but they are being kept to a minimum of three and are limited to four or five minutes. Provisionally, these three are Dr. Ratté, Dr. C. James, Principal and Vice-Chancellor of McGill University and Monseigneur O. Maurault, Rector of the University of Montreal.

Music is to be available during the dinner if necessary, and Dance Music,

with novelty numbers, provided until 1 a.m. A floor show, immediately after dinner and before dancing, is also hoped for. This latter depends upon sale of tickets and funds available since the price set per ticket is an absolute minimum.

J. W. Abraham, D.D.S.,
Chairman

June 1st, 1953.

Comment

We commend heartily the site chosen for the Convention on this the 51st Anniversary of the C.D.A. Particular mention was made of the 50th Anniversary of the University of Montreal and we desire to wish them well for the future.

The subject "Atomic Energy in Dentistry" is very new on our Convention Programme and this presentation will be anticipated with keen interest. We wish to express appreciation to the University of Montreal for their arrangement of part of the Programme.

The programme as a whole was discussed and we highly commend the Committee in charge. Particularly would we mention the outstanding clinicians and the wide variety of subjects to be discussed.

Art Exhibits — We recommend to the Executive that they consider the aspect of a wider coverage of exhibitors and that they discuss the advantages of a commercial effort to facilitate this objective.

RESOLUTION

That the report of the Convention Committee be adopted and also our sincere thanks be tendered to the Committee for this excellent programme.

APPROVED

ORTHODONTIC SECTION

MEMBERS OF ORTHODONTIC SECTION: BRAITHWAITE DIXON, Chairman, Ottawa, Ont.;
W. K. SHULTIS, Toronto, Ont.; JOHN ABRA, Winnipeg, Man.;

REPORT

1. The Annual Meeting of the Section, usually held at the same time and place as the annual meeting of the American Association of Orthodontists, is, for lack of a quorum of our section members at the meeting in Dallas, Texas, in April 1953, being held in Montreal on October 18th, 1953. Consequently, no annual meeting of the Section has been held since the last chairman's report was presented last year in Vancouver.

2. Membership in the Section has increased throughout the year, and now comprises over 90% of all eligible orthodontists in Canada.

3. The Grieve Memorial Lectureship Trust Fund has received further subscriptions, and is now Five Hundred dollars over our minimum objective of Five Thousand dollars.

4. The General Chairman of the Convention Committee, in cooperation with the executive of the Orthodontic Section, and upon the recommendation of the Section, has selected Dr. G. Vernon Fisk to deliver the Grieve Lecture at the Canadian Dental Association Montreal meeting.

5. As a contribution to preventive dentistry, in which we are vitally interested, the Orthodontic Section is sponsoring at this Montreal meeting a group clinic in Preventive Orthodontics. It is under the direction of Dr. R. R. McIntyre, Calgary, Alberta, and his associates are Drs. A. H. Craven, A. Colle, E. B. Clift, and A. L. Scherzer, all of Montreal.

6. Because the Great Lakes Society of Orthodontists was meeting in Toronto last year, as Toronto was Dr. Grieve's home town, and because he was an original member of that Society, permission was received from the Board of Governors of the C.D.A. to have last year's lecture presented in Toronto, instead of at the Annual C.D.A. meeting. It was held in Convocation Hall, and was open to the public. The speaker was Dr. Spencer R. Atkinson of Pasadena, California, and his subject dealt with preventive orthodontics, and was of special interest to the laity. The Section feels that from a Public Health and Public Relations angle the lecture was well worth while. We also wish to thank the Public Relations Committee of the Canadian Dental Association for their assistance, in several ways, in this venture.

7. The following recommendation was made to the C.D.A. executive at their meeting in February: To avoid any confusion in respect to the arrangements for the annual Grieve Lecture, that the manual of the Convention Committee be amended as follows; In respect to the annual Grieve Memorial Lecture, the convention chairman will make requests to the Secretary of the

Orthodontic Section whose name will be found in the transactions for the current year.

8. The Section being financially self-sustaining, no budget is presented.
9. We desire to express our sincere thanks to Dr. Gullett and his staff for their many kindnesses and services during the past year.

The foregoing is respectfully submitted.

COMMENT

1. We note with pleasure that the Annual Meeting of the Section this year coincides with the Convention of this Association, and we venture to express the hope that this happy circumstance may become a frequent occurrence.
2. & 3. We commend and congratulate the Section on its achievements.
4. Congratulations to Dr. Fisk, a past president of this Association, in having been selected to deliver this lecture.
5. Commend.
6. The successful approach to Public Relations and Public Health is noted with interest. We feel that it would be of interest to the members to know what the public and professional response was to this meeting.
7. Agreed that the recommendation made to the C.D.A. Executive should be implemented.
8. It is appreciated that the Section is financially self-supporting, but we feel that the Association should have an interest in all of the activities of its components. We would recommend therefore that in future, as a courtesy, all Sections be requested to present financial reports to the Annual Meeting of the Board of Governors.
9. Concur.

The Orthodontic Section is to be commended for its achievements, and for the excellent manner in which they are fulfilling their obligations to the public, and the profession at large.

We recommend the adoption of the report of the Orthodontic Section.

APPROVED

PETITION

PETITION BY ORAL SURGEONS OF CANADA

Mr. Chairman and Members of the Board of Governors: —

1. It is my honour to present to you for consideration the Constitution of a proposed Canadian Society of Oral Surgeons.

2. In Ontario, members of this specialty have been well organized for some years. It is the request of specialists in other provinces that has led the Ontario Society to take the initiative in the formation of a national organization,

3. Names of those limiting their practice to oral surgery were obtained from the Provincial Registrars. A letter (appendix A) and proposed constitution (appendix B) were sent to these men and their replies have been enthusiastically in favour of a Canadian Society.

4. With this support the Ontario Society, on October 5th, approved the Constitution and is presenting it to you for approval and with a request that such Society shall be an organized section of the Canadian Dental Association.

Respectfully submitted,

J. H. Johnson,
J. Methven,
D. Tanner — Chairman
Canadian Oral Surgeons Society
Committee of the Ontario Society.

Appendix A

September 10th, 1953

Dear Doctor:

At a recent meeting of the Ontario Society of Oral Surgeons, a committee consisting of Drs. Johnson, Methven and Tanner (Chairman) was appointed. This Committee was instructed to explore the possibilities of creating a Canadian Society of Oral Surgeons which would function as a section of the Canadian Dental Association.

We attach a draft of a proposed Constitution, which is patterned with some alterations on the Constitution of the American Society of Oral Surgeons.

We are hopeful that we may have our proposed Constitution ready for presentation to the Board of Governors of the Canadian Dental Association at the meeting in Montreal in October. A Committee on By-Laws could then be set up and the remaining details of the organization finalized.

PETITION

There will be many advantages to a Canadian Society, which include uniformity of standards and certification of members, which would give them backing and prestige in their hospital and teaching appointments.

Would you please review this carefully and return it to me as soon as possible, with any deletions or additions which you care to make.

Fraternally,

D. TANNER
807 Medical Arts Building,
Toronto, Ontario.

DT/B.

CONSTITUTION of the CANADIAN SOCIETY of ORAL SURGEONS

Appendix B

ARTICLE I Name and Definition

The name of this organization shall be the Canadian Society of Oral Surgeons, hereinafter referred to as "the Society" or "this Society".

Definition of Oral Surgery: (as defined by the American Board of Oral Surgery) That branch of dental practice that deals with the diagnosis, treatment, prescribing for or operating upon any disease, injury, malformation or deficiency of the human jaws or associated structures.

ARTICLE II Objects

The objects of the Society shall basically be as follows:

- (a) To promote the objectives of the Canadian Dental Association
- (b) To promote the public welfare by the advancement of oral surgery in the fields of education, science and professional service:
- (c) To promote unity and harmony, and to cultivate fellowship and social relations among its members.

ARTICLE III Business Office

The Executive Office of this Society may be established in any city in Canada by a majority vote of the Executive Council.

PETITION

ARTICLE IV

Membership

The membership of this Society shall consist of 2 classifications known as Active and Honorary Members. The basic qualifications of each classification shall be as prescribed in the By-Laws.

Rights and Privileges: Only Active members, in good standing, shall be entitled to vote or hold office in this Society.

ARTICLE V

Officers and Management

Sec. 1. ELECTIVE OFFICERS — The elective officers of this Society shall be a President, President-Elect, Vice-President, Secretary-Treasurer, and members of the Executive Council, each of whom shall be elected by the General Assembly as provided in the By-Laws.

Sec. 2. The Executive Council, hereinafter referred to as "The Council" shall consist of the President, President-Elect, Vice-President, Secretary-Treasurer, past-presidents and two other Active Members. The President shall be the Vice-Chairman and the Secretary-Treasurer shall be the Secretary of the Council.

Sec. 3. The Executive Council shall be the governing body of this Society, manage the affairs, conduct the business and control the disbursement of its funds. It shall also (a) select the bonding company in which officers and employees shall be bonded, (b) select a certified public accountant to audit annually the books and records of this Society, (c) designate the depository or depositories for the funds, securities and deeds of this Society, and (d) determine and control the investment of the Society's money and securities.

ARTICLE VI

Committees

The President immediately after election shall appoint such Committees as the Society may deem necessary for the conduct of its affairs.

ARTICLE VII

Time and Place of Meetings

The annual meeting of the Society shall be held at such time and place as may be determined by the Executive Council and the Executive of the Canadian Dental Association.

ARTICLE VIII

Amendments to the Constitution

The constitution may be amended if the proposed amendment, with the recommendations of the Constitution and By-laws Committee shall have been

PETITION

mailed to each Active Member at least thirty days prior to the meeting at which final action is to be taken. An affirmative vote of three-quarters of the Active Members present shall be required to amend the Constitution.

Amendments to the Constitution and By-laws shall have the approval of the Board of Governors of the Canadian Dental Association before becoming effective.

ACTION

We recommend that subject to the approval of the By-Laws by the Board of Governors at the next meeting, the Canadian Society of Oral Surgeons should be admitted as the Section on Oral Surgery of the Canadian Dental Association under the constitution as amended.

We would commend the petitioners for the initiative taken to institute the formation of the proposed section.

APPROVED

RESOLUTIONS

RESOLUTION RE APPROVAL OF FLUORIDATION

Whereas tooth decay, by affecting the vast majority of people in Canada has come to be recognized as one of the major public health problems of our time,

And Whereas many thousands of Canadians and millions of people elsewhere have consumed during their total lifetimes, water fluoridated to approximately one part of fluoride to a million parts of water from underground deposits, and have thereby benefitted by a reduction of about two-thirds in the attack rate of tooth decay without any ill-effects discoverable by either the dental or medical professions,

And whereas the effects of adjusting the fluoride content of communal water supplies to approximately one part per million have been studied extensively in their dental and medical aspects for more than eight years, revealing in every instance the same beneficial dental health results that have been known for over 20 years to accrue from consuming water fluoridated from underground deposits, and with the same freedom from any systemic ill-effects,

Therefore be it resolved:

THAT the Canadian Dental Association recommends to the people of Canada that communities having a public water supply, adopt a procedure for water fluoridation best suited to their local needs, and for this purpose seek competent dental, medical, and engineering advice.

17 October, 1953.

RESOLUTION from the Council of the College of Dental Surgeons of Saskatchewan

"THAT the dentists of Saskatchewan offer financial support for the establishment of a Department of Public Relations at a C.D.A. level, such support to be obtained from an annual assessment of \$3.00 from members of the College. It is hoped that the necessity for this will be appreciated by the whole profession, and that nation-wide support will be obtained."

ACTION

That we strongly concur in the need as intimated by resolution and recommend that specific steps be taken to implement the thought behind it.

APPROVED

**RESOLUTION from C.D.A. Representatives to Health League of
Canada**

RE 10TH NATIONAL HEALTH WEEK

"WHEREAS the Prime Minister of Canada in a statement in the House of Commons on May 14, 1948, said, 'Of all a nation's resources, its human resources are unquestionably the most precious. The preservation of health and strength of its population is surely the best of all guarantees of a nation's power, of its progress and of its prosperity;

Our greatest national asset is the health and well-being of our people';

AND WHEREAS dental health is an integral, contributory part of any health programme;

AND WHEREAS the goal of providing essential dental health services to Canadians depends upon an intelligent understanding of the value and upon the attitude taken toward the use of available dental health services;

AND WHEREAS provision for dental health education is essential if the desired measure of success is to be attained; therefore, be it

RESOLVED THAT the Board of Governors of the Canadian Dental Association heartily endorses the effort made by the Health League of Canada, throughout the year and specifically during National Health Week, to bring this newer knowledge to the people of Canada;

and also respectfully urges all provincial dental association and local societies to actively participate in this effort of public health education."

APPROVED

RESOLUTION RE DENTAL SERVICES COMMITTEE

That the operation of the Dental Services Committee be suspended and the duties of the Committee be undertaken by the Executive until such time as need may arise for re-appointment.

APPROVED

ELECTIONS

MEMBERS OF THE NOMINATING COMMITTEE: GEORGE L. CAMERON, Chairman, Ottawa, Ont.; A. G. RACEY, Montreal, P.Q.; HAROLD M. CLINE, Vancouver, B.C.; A. J. COUGHLAN, Saint John, N.B.

REPORT

With the membership of the Committee spread from British Columbia to New Brunswick it was not feasible to hold meetings. Your Chairman, however, by visiting Toronto twice was able on the first occasion to meet two other members of the Committee and on the second visit to contact the other member and discuss matters pertaining to the work of the Committee. Considerable correspondence was necessary as well.

The generally prompt replies received from Nominating Committee members and chairmen designate of committees was much appreciated and helped to facilitate the work of this Committee.

The slate of officers and committees proposed for your consideration is as follows:

- President* — Dr. A. J. Coughlan, New Brunswick
- President-elect* — Dr. P. G. Anderson, Ontario

Executive Committee

- Dr. A. J. Coughlan (Chairman), New Brunswick
- Dr. Gustave Ratté, Quebec
- Dr. P. G. Anderson, Ontario
- Dr. R. R. McIntyre, Alberta
- Dr. A. G. Racey, Quebec

- Committee on By-Laws* — Dr. J. S. Bagnall (Chairman), Nova Scotia
- Dr. G. L. Cameron, Ontario
- Dr. S. A. Moore, Ontario
- Dr. G. M. Dewis, Nova Scotia

- Convention Committee* — Dr. James O'Brien (Chairman), New Brunswick

- Council on Dental Education* — Dr. R. G. Ellis (Chairman), Ontario
- Dr. Harvey W. Reid, Ontario
- Dr. A. L. Walsh, Quebec
- Dr. Armand Fortier, Quebec
- Dr. William Miller, British Columbia
- Dr. D. Prescott Mowry, Quebec

- Dental Public Health Committee* — Dr. Arthur Poyntz (Chairman), B.C.
- Dr. Alex Gunning, British Columbia
- Dr. J. A. Chambers, British Columbia

Dr. J. C. Foote, British Columbia
 Dr. W. A. MacDonald, British Columbia

Ex-Officio Members: Chairmen of Provincial Dental Public
 Health Committees.

- Committee on Ethics* — Dr. J. D. McLean, (Chairman), Nova Scotia
 Dr. J. P. McGuigan, Nova Scotia
 Dr. Selby Wetmore, New Brunswick
 Dr. H. S. Crosby, Nova Scotia
 Dr. H. N. B. Beach, Ontario
- Finance Committee* — Dr. S. J. Phillips, (Chairman), Ontario
 (to function alone)
- Legislation Committee* (1 yr.) Dr. J. Coupland (Chairman), Ontario
 (2 yrs.) Dr. L. E. MacLachlan, Ontario
 (3 yrs.) Dr. Alvin A. Cameron, Ontario
 (and Provincial Registrars)
- Necrology Committee* — Dr. Don W. Gullett (Chairman), Ontario
 (and Provincial Registrars)
- Committee on Publications* — Dr. Frank Martin (Chairman), Ontario
 Dr. Arthur Poag, Ontario
 Dr. Mark Boyes, Ontario
 Dr. Jas. D. Purves, Ontario
 Dr. Armand Fortier, Quebec
 Dr. J. E. Tilson, Ontario
- Research Committee* — Dr. J. B. Macdonald (Chairman), Ontario
 Dr. G. H. W. Lucas, Ontario
 Dr. R. M. Grainger, Ontario
 Dr. K. J. Paynter, Ontario
 Dr. Gordon Nikiforuk, Ontario
 Dr. W. G. McIntosh, Ontario
 Dr. Roy G. Ellis, Ontario
 Dr. J. P. McGuigan, Nova Scotia
 Dr. A. G. Racey, Quebec
 Dr. George Brass, Alberta
 Dr. M. A. Cox, Ontario
 Dr. H. A. Hunter, Ontario
 Dr. E. J. Martin, Ontario
 Dr. A. G. Nutlay, Nova Scotia
 Dr. A. W. S. Wood, Ontario
- Auxiliary Services Committee* — Dr. R. A. Rooney (Chairman), Alberta
 Dr. H. R. MacLean, Alberta
 Dr. A. M. Revell, Alberta
 (Also Chairmen of all Provincial
 Legislation Committees.)

ELECTIONS

Health Insurance Studies Committee

- Dr. Harvey W. Reid (Chairman), Ontario
- Dr. C. A. E. McCabe, Quebec
- Dr. T. R. Marshall, Ontario
- Dr. L. V. Janes, Ontario
- Dr. W. R. Scott, British Columbia
- Dr. J. F. Brown, Manitoba
- Dr. R. Langlois, Quebec
- (Also Chairmen of Provincial Health Insurance Studies Committees.)

Hospital Dental Services Committee

- Dr. D. M. Tanner (Chairman), Ontario
- Dr. F. A. Smith, British Columbia
- Dr. G. A. Buchanan, Manitoba
- Dr. J. M. Chamard, Quebec
- Dr. G. de Montigny, Quebec
- Dr. S. A. MacGregor, Ontario
- Dr. R. E. Diprose, Ontario
- Dr. Jas. B. O'Brien, New Brunswick

Housing Committee

- Dr. R. P. Lowery (Chairman), Ontario
- Dr. Harvey Reid, Ontario
- Dr. G. V. Fisk, Ontario

Nomenclature Committee

- Dr. Wesley J. Dunn (Chairman), Ontario
- Dr. G. H. W. Lucas, Ontario
- Dr. F. E. H. Priestly, Ontario
- Mr. R. J. Getty, Ontario
- Dr. G. de Montigny, Quebec
- Dr. H. A. Hunter, Ontario

Public Relations Committee

- Dr. L. M. Grose (Chairman), Ontario
- Dr. H. S. Thomson, Ontario
- Dr. H. E. Leyland, Ontario
- Dr. W. W. Breslin, Ontario
- Dr. H. R. Skilling, Ontario
- Dr. J. Gordon Chalmers, Ontario

Committee on Specialists and Specialization

- Dr. A. G. Racey (Chairman), Quebec
- Dr. A. Raymond, Quebec
- Dr. W. J. Johnston, Quebec

War Memorial Award Committee

- Dr. W. F. Walford (Chairman), Quebec
- Dr. Roger Charrette, Quebec
- Dr. A. M. Hord, Ontario
- Dr. Howard Boyles, Quebec
- Dr. O. Hebert, Quebec

Honorary Membership in the Canadian Dental Association

- H. Parker Buchanan, Secretary, B.D.A.,
England
- Dr. Ernest Charron, Quebec
- Dr. A. L. Walsh, Quebec

Orthodontic Section

- Dr. W. K. Shultis, (Chairman), Ontario
Dr. John Abra, (Secretary-Treasurer)
Manitoba
Dr. Louis Lepine, (Vice-Chairman) Quebec

Note: Following the presentation of this report the President called for further nominations. There being none, the President requested the Secretary to cast individual ballots for each of the elected officers and declared each elected for the ensuing year. The report was unanimously approved.

ELECTION OF NOMINATING COMMITTEE

In accordance with the by-laws the President called for one nomination to the Nominating Committee with the result that George M. Dewis of Halifax was elected for a three year term. The Nominating Committee for 1953-54 is as follows:

- Harold M. Cline, (Chairman), (1 yr.), British Columbia
A. G. Racey, (2 yrs.), Quebec
G. M. Dewis, (3 yrs.), Nova Scotia
P. G. Anderson (Ex-officio), Ontario.

ANNUAL MEETING OF THE ASSOCIATION

The Annual Meeting of the Association was held at the Sheraton Mount Royal Hotel, Montreal on Monday, October 19th, 1953 following luncheon.

OFFICIAL GREETINGS

City of Montreal

Representing the Mayor of Montreal, Dr. C. Archambault spoke as follows:

“Monsieur President, Mesdames and Messieurs: On behalf of the Mayor of Montreal it is a great pleasure for me to bring to you the Greetings of this City.

The Mayor is a clever man. He has sent me over here, where there are only a few ladies and he is going this afternoon to meet all the ladies of this Convention at the Chalet.

My first word will be for our friend, Dr. Gus Ratté. Last year in the month of May at the Convention or Annual Meeting of the French Dental Society we had Dr. Ratté as guest Chairman, as a guest of honour. We told Dr. Ratté all our wishes and all the confidence we had in him and we know that the people that have lived with him, that have worked with him all through Canada know what kind of man he is, that he is a man of his word, that he is a man of good judgment and that he is a man to whom we can give a function of great importance.

Dr. Ratté, I thank you, on behalf of the French element of this city for the magnificent work you have done during the past seventeen months, and good wishes for you for the end of this year of your office.

You will have to put up with me, Ladies and Gentlemen, for my inexperienced accent. Nevertheless, I will try to give you all I can on behalf of the City of Montreal.

This city, as you know, is composed of different elements. This City of Montreal is composed of two great cultures . . . the French and the English, living harmoniously together for over three hundred years. It is an example to the whole Dominion.

Physically, the City of Montreal is well established at a thousand miles from the sea.

The material value of our city . . . our port, the island, all the facilities of transport, the immense forests and the immense mines, and the immense land that God gave us, with people working in harmony, different races working in harmony and working together for their own welfare.

We must think also of the moral value of the City of Montreal. It is sometimes said that the City of Montreal is morally different. Look at the

amount of churches we have in this city, the amount of educational centers we have, and you will award that, morally speaking, the City of Montreal is one of the best of Canada, and it is an example for Canada to follow.

In this morning's paper, "The Gazette", I was very happy to read that this Board of Governors of the Canadian Dental Association has passed a resolution to encourage and to endorse fully the fluoridation of water.

Flouridation of water, Gentlemen, is a thing about which we at the City Hall are well alert and alive. It is a thing which at the City Hall I had the honour to propose in the month of June this year.

It is now passed by the Council unanimously and it is a rule in the City Council that a motion is referred to the Executive and the Executive prepares the necessary budget, comes back to the Council and we vote the money. Then the action is taken on it.

So I believe it is the best step that Dentistry has done. It is comparable to the chlorination of water. We do chlorination of water, and pasteurization of milk in this city and it has cut down almost completely typhoid, except the odd cases that come in from the outside, so fluoridation of water would do a lot of good.

So I wish you, the Delegates and the Members of this gathering, good water. We have ordered good weather for you. I wish you good clinics and a good time. The best of luck!"

American Dental Association

Dr. H. Hillenbrand, Secretary, American Dental Association, attended the meeting as Official Representative of that Association and spoke as follows:

"Mr. Chairman, Distinguished Guests, Members of the Canadian Dental Association: I might say Fellow Members of the C.D.A., since I enjoy membership in your group . . . Ladies and Gentlemen: I am delighted, as always, to be in this old world city where, as Dr. Archambault says, the two cultures do meet, because I think it symbolizes the relations which exist between your country and my own—a very close, cooperative working relationship. Certainly I have that with the Officers of your Association, and during the years it has been an extreme pleasure to work, particularly with Dr. Gullett, your extremely able and efficient Secretary. (One must always say a nice word about a Secretary.) And during the past year with your very effective and able President, Dr. Ratté.

I wish I might do as Dr. Archambault did and address you bilingually. Unfortunately, all I can bring to you is a Mid-Western accent from Chicago.

I was delighted with the progress that your Association is making and we in the States wonder and marvel at the support which the dentists of Canada give the Canadian Dental Association. We are larger than you but I could ask from my own members the same support that each one of you individually give so unstintingly and so increasingly to the C.D.A. I know of no other society anywhere in the world with which I am familiar, which gives in such

ASSOCIATION MEETING

large measure as you contribute to your own national dental society and you have every right to be proud of it.

I notice too with pleasure your adoption of the fluoridation programme and I hope once again, when I return to Montreal to partake of your very cordial hospitality, that I may not only drink fluoridated water, which I hope to do, but I hope you will not fluoridate the other lovely things you have been giving me to drink in the two days I have been here.

I am delighted to be here and on behalf of the Officers, the Trustees of the American Dental Association, I am privileged to extend to you very cordial greetings from all of them, and in addition our best wishes for a very successful annual session."

British Dental Association

Professor G. E. M. Hallett of Sutherland Dental School, Newcastle-on-Tyne, England, as Official Representative of the British Dental Association addressed the meeting as follows:

"Mr. President, Monsieur Ratté, Distinguished Guests, Ladies and Gentlemen: I am indeed very happy to find myself back again in Montreal . . . some two months after my first and last visit to it in the month of August. At that time most of you were on vacation and so I am doubly grateful to have this opportunity of meeting so many Canadian dentists and of seeing you at work.

I have also at this time the great privilege and honour of being charged by the President of the British Dental Association to act as Official Delegate to this meeting."

ADDRESS OF PRESIDENT

Ladies and Gentlemen:

"In order to shorten this luncheon meeting I will now make my remarks in English. I have already thanked those responsible for this wonderful Convention and the splendid arrangements, and, for the wonderful time we are having here in Montreal, but I want to reiterate in English how much we appreciate the self-sacrifices made by the dentists and their wives from Montreal — and I should say from all over the province — for having made this Convention a success. We Canadian dentists are happy to come back to Montreal, the birthplace of our Canadian Dental Association.

We have come here for two purposes. The first one is the meeting of the Board of Governors — this reunion of all those who have been delegates to deal with the administration of your Association and to study the social and economic situation of our profession in this country. This part took place from Wednesday to Saturday of last week. The second — what we call the General Convention — is specially devoted to a review of the latest developments in the science of dentistry. It is concentrated into three or four days for the benefit of those attending. It is very important that at least once a

year, each dentist makes an inventory of his scientific knowledge in view of his obligation to the public to whom he must render the best services.

The members of the Board of Governors, the chairmen of committees, and those who have honoured us by their presence and contribution to the meeting, have studied religiously and constructively, the numerous and extensive reports on dental matters presented for our consideration.

It is my duty at this moment to give you a bird's eye view of what has been accomplished during the Board of Governors' meeting.

With this thought in mind, that our main duty is to give to the public the best dental services possible, we have studied our facilities for dental education. We are proud of the great progress made in the dental sciences in our five dental schools. The profession and the public must recognize the sacrifices of the personnel of the Universities, and that the Universities themselves are making in order to prepare skilful, competent practitioners. It is by constant raising of the education level that we will reach the rank of a true health profession.

Some attention should be brought to the fact that the dentist is not only an expert operator but also a member of society, that he must have ideals and a conscience. There is a tendency sometimes, for a member of the profession to take an attitude which reveals a great deal of materialism and he is inclined to practise an honourable profession according to his own preferences and aptitudes, and, to be more interested in the financial reward he would receive in a short space of time and with the minimum of effort.

True professional service is not a commercial contract between two persons. It is the intimate relationship between one mind and another. On one side the patient comes to the dentist because he is proud of his mouth and recognizes the necessity of dental treatment. He comes also because he is entirely confident of the scientific skill, and integrity, of the man of his choice and sure that he will receive the best service possible. On the other side, the dentist, by his personality, the full knowledge of his field, his good manners and affability, should be able to create the necessary ambiance to give confidence to his patient in order to accomplish all necessary treatments. The real professional relationship between the patient and the dentist is the individual agreement of mind between one who needs and wants the services and one who is willing and fully qualified to render the services.

It is the members of the profession themselves who are making good or bad public relations for their profession. Such agents are distributed all over the country. If we want to improve our standing with the public, we must attempt to improve ourselves. It is our responsibility to give more attention to the members of the profession. It should be the ambition of every dental society, and of every individual dentist, to possess the qualities necessary to give personality to our profession; a personality which each one would be pleased to have, and to have noticed by the public. The choice of our future dentists should be made with the greatest care. The prospective student will

ASSOCIATION MEETING

never reach professional standing if he does not have an education beyond the general levels, at the beginning.

It is the aim and desire of our Universities that the future members of our profession have the best possible cultural background before entering the dental course. It is very necessary that every dentist, every dental society, and every college unite in their efforts to encourage the best type of student to enter the dental course. A system to attract this type of student should be developed for the future if we are to maintain the high standards and prestige of the dental profession in Canada.

On the national level, our profession is ready to discharge its obligations to the public. Many things have been said — that the dentists want to be a closed corporation; that they do not want more dentists; that they do not want to participate in any measure that will improve the dental health of the public. No statements could be further from the truth. As proof I will give you the statement the Canadian Dental Association approved at their Board of Governors meeting, for the betterment of the dental health of our population.

The Canadian Dental Association stands ready to cooperate in any feasible plan for the improvement of dental health in Canada. In making such statement it is pointed out that support to any plan will only be given when proven facilities and personnel are available to fulfill the terms of the stated plan. This Association will not willingly enter into a contract the terms of which are impossible to carry out.

Serious difficulties exist in expanding Canadian dental services. Personnel is inadequate and teaching facilities for the production of increased personnel are not available. The level of public appreciation of dental services requires elevation by intensive dental health education in order to insure the success of any future planning. Research in dentistry needs stimulus by financial support. Both health education and research are vital ingredients for the economic success of a plan and essential if improvement in oral health is to be secured.

In view of these above stated conditions the Canadian Dental Association recommends an intensified programme of prevention.

1. *Research* — Some hopeful signs have appeared on the horizon as a result of increased activity in the field of dental research. However, the potentialities of this field of endeavour have been scarcely explored. Enough research has been done in the last few years to indicate tremendous possibilities. Need exists for adequate support in this field.

2. *Dental Health Education* — The statement is sometimes made that people are now educated beyond their means to pay whereas the truth of the matter is if people were better educated less means would be required. Recently an administrator of the most extensive health plan in dentistry, yet seen, said it is little use giving health services to people unless they possess a full appreciation of the service rendered. As far as dental service is concerned the econo-

mic loss in rendering services to those who have no appreciation is appalling. Provision for dental health education preceding the introduction and continuous with the operation of a plan, is essential if any measure of success is to be attained.

3. *Dental Care* — The measure of health service is the amount of improvement in health. Prevention is the watch-word of modern health. Taking into consideration the number involved, the available personnel and the known amount of existing disease this Association is of the firm opinion that the only possible approach to the dental problem is through the younger age groups of the population. Through concentration of effort in the rendering of dental services to this segment of the population, assisted by intensified research and adequate dental health education programmes, we believe improved dental health can be attained.

The Board of Governors see very clearly the need for more dentists in Canada, and, more auxiliary personnel. The teaching facilities in dentistry are inadequate to provide enough dentists to meet the future demand of the public for dental services. The demand is not being met now, and, with the rapidly increasing population will worsen before it can improve. We advocate the early establishment of new dental schools within the Universities, and we can also state that even if these schools were built now, it would be some six or eight years before their influence would be effective.

While the Association has actively made every endeavour to secure more teaching facilities, we feel that it would be necessary to take more aggressive action. In spite of the activities of our Association in this matter, and of the Provincial Dental Legal Bodies, the profession is being blamed for the present shortage. For the past decade, continuous effort has been made by the profession to secure the expansion of teaching facilities. If all the possible teaching facilities were physically possible tomorrow, we would not be able to attain, for 25 years, the 10,000 mark which seems at this moment the ideal number of dentists for this country. While money appears to be available for most everything, I do not see why 20 millions cannot be found to give the population of Canada the necessary dental personnel.

The fluoridation of communal water supplies and the effect of fluorides in reducing tooth decay have been thoroughly studied by our Board of Governors. Convinced that this method of prevention can reduce considerably the attacks of tooth decay, without any ill effects discoverable by either the dental or medical professions, the Canadian Dental Association recommends to the people of Canada the fluoridation of communal water supplies and fully endorses this method of prevention.

Many things can be said of the activities of our Association for the benefit of the individual dentist. I do not see that it is necessary to review them here because they will be published in the Transactions. I desire to announce the winners of the War Memorial Award prizes for this year. The first prize was won by K. John Shintani and the second prize by Claude Lortie, both being

ASSOCIATION MEETING

now graduates of the University of Montreal. There is, however, just one point I would like to bring to your attention at this moment which pertains to the Pension Assurance Plan. After one year's operation of the C.D.A. Pension Assurance Plan, the Executive engaged a competent actuarial firm to investigate it. Confirmation is given in the report of this firm, to the fact that the premium rates are much lower than available elsewhere and that the benefits are more extensive. The Association is advised to cooperate as far as possible in bringing the benefits offered to C.D.A. members. Information concerning this Plan can be obtained during this Convention from the Manager of the Plan who is registered in this Hotel.

In closing I want to pay a tribute of gratitude to the members of the Board of Governors, the chairmen of committees, and to our devoted Secretary, for their unselfish attention to the dental problems of this country. I feel very honoured to have been your President and I hope that all together we have been able to build up this year, for the future. As time goes by, dentistry occupies a large and more important part in the health professions. With this comes an increasing degree of responsibility and greater obligations. If we want to discharge our obligations to the public and to our profession, we must have clearer understanding of what is going on in, and out, the dental world; otherwise we will automatically cancel all the work and efforts of our predecessors. Our right to self-government and our ability to survive and develop depends upon our ability to foresee the future and to face the facts."

PRESENTATION OF HONORARY MEMBERSHIPS

President Ratté conferred honorary memberships in the following words:

To Arthur Lambert Walsh

"Probably you have heard this sentence of poetry . . . I don't know, but I have been told it is by Longfellow:

I would rather bring a flower
To a friend at any hour,
Than to scatter flowers, white and red
On his casket when he's dead.

That is why I am very pleased today to present this Honorary Life Membership to Dr. Arthur Walsh. (Applause).

Dr. Walsh was born in Kingston in May, 1891. He told me that he is a Mayflower. He moved with his family to Quebec, while quite young. He matriculated from Gault Institute at Valleyfield, Quebec, and then entered McGill University. While an undergraduate he became Physical Director and Athletic Coach at the University. His professional training was interrupted by World War I. I am told he was a Sergeant in the war.

Shortly following his graduation, Dr. Walsh was appointed Clinical Demonstrator of the Dental Infirmary of McGill University at the Montreal

General Hospital, holding this position until 1924, when he became full time director of the Infirmary. While performing this duty he became Acting Dean of the Faculty of Dentistry in 1927. In 1929 he was named Assistant Professor of Operative Dentistry and in 1935 Professor of Dental Surgery. In 1940 he was appointed Dean of the Faculty of Dentistry.

Among various organizations, both social and those open only to the dental profession, Dr. Walsh attained many posts of distinction. He was a member of the Medical Board of the Montreal General Hospital, the McKay Institute, and the Western Division of the Montreal General Hospital. He was also Chairman of the Children's Dental Committee of the Junior Red Cross and Consultant Dental Surgeon of the Children's Memorial Hospital.

Dr. Walsh is also a member and Past President of the American Association of Dental Schools, 1941-42; Past President of the Canadian Dental Association 1942-43; also of the Montreal Dental Club and the Montreal Rotary Club.

While President of the Canadian Dental Association it was largely through his efforts that the Council on Dental Education for the Canadian Dental Association was formed, and upon his retirement as President was at once appointed the first Chairman of that body. At the opening meeting in Winnipeg, in June 1945, he found the opportunity to fulfil a long cherished desire to conduct a thorough survey of dental education in Canada, and made recommendations which would raise the standards for dental education.

That his efforts have been recognized and his opinions valued has been amply indicated by the many honours bestowed upon Dr. Walsh. In 1932 he was asked to address the British Empire meeting in Toronto. His Majesty, the late King George VI, decorated him with the Coronation Medal in 1937. The following year he was made a Fellow of the American College of Dentists. For his part in fostering the spirit of cooperation between French and English, the University of Montreal granted him the degree of Doctor of Dental Surgery (*Honoris Causa*) in 1945. The Harvard Dental School has made him a member of its Chapter of the Omicron Kappa Upsilon Fraternity.

Other honours bestowed upon him are Membership of the Advisory Committee of Health and Welfare of Canada, and Fellow of the American College of Dentists and Fellow of the International College of Dentists.

Still a member of the survey team of the Canadian Dental Association and a member of the Council on Dental Education, you can see your dreams come true, one after the other, and we hope that you will continue to grant us your invaluable services.

Because you have proved to be a man of vision, because you have indicated and led the way to elevate our profession to the rank of a true health profession, and because Canadian Dentistry recognizes your merits, and is very grateful to you, Arthur Lambert Walsh, I have the particular pleasure and honour to make you an Honorary Member of the Canadian Dental Association."

ASSOCIATION MEETING

To Ernest Charron

"Ernest Charron was born in Richmond, Quebec in September 1891 and matriculated from Le College Ste. Marie, Montreal. Doctor in Dental Surgery in 1912 from the University of Montreal. Three years later he was invited to join the teaching staff of the dental school of the same University. From 1915 to 1923 he followed post-graduate courses in Dental Surgery and Anaesthesiology in Philadelphia, Chicago, New York and Boston.

From a Clinician in 1915, he became Professor of Dental Surgery and Anaesthesiology in 1925 and remained until 1944. He was Chief of the Dental Surgery Department of the Hopital Notre-Dame from 1932-46.

He was Secretary of the Dental Faculty from 1930 to 1944. Since 1944 he has been Dean and Director of Studies at the Dental Faculty of the University of Montreal.

Dr. Ernest Charron has devoted all his life to dental education and to the improvement of the good reputation of our profession on this continent and abroad. As early as 1920 he was lecturing in France, Belgium, England and Switzerland, in Canada and in the United States. Dental education was also his favourite subject before many educational societies in Canada and in the United States.

On account of his great devotion to the development of Dentistry and his enormous contribution to the dental world, his merits have been recognized by many societies on this continent and abroad.

Among some fifteen honorary titles, I take the liberty to mention Fellow of the American College of Dentists, Honorary Member of the Pierre Fauchard Academy, and of the Omicron Kappa Upsilon Association, Fellow of the International College of Dentists and President of the International College in 1952. Fellow in Dental Surgery of the Royal College of Surgeons of England and Fellow in Dental Surgery of the Royal College of Surgeons of Edinburgh. These last titles are not the privilege of many dentists on this Continent.

As President of the College of Dental Surgeons of the Province of Quebec, Chairman of the International Relations Committee of the C.D.A. and Member of the Council on Dental Education, Canadian Dentistry has greatly profited from his experience, his knowledge of dental problems.

To my mind, where he has excelled, and he has accomplished his masterpiece, is in the reorganization of the dental teaching at the Dental School of the University of Montreal. The school occupies now an enviable rank and is ready to produce what we hope will be the best dentists in the country.

In appreciation of your past services, here and abroad, to express our gratitude for your enormous contribution to Canadian Dentistry, especially in the field of dental education, and to encourage you in the continuation of your good cooperation, Ernest Charron, your Canadian confreres and myself have the great pleasure to grant you the title of Honorary Member of the Canadian Dental Association."

To Herbert Parker Buchanan

"The third to receive Honorary Membership is Herbert Parker Buchanan, who is Secretary of the British Dental Association. We had hoped that he would be present at this meeting but it was not possible.

The Canadian Dental Association has the most friendly and cordial relations with the British Dental Association and it is a real pleasure to be able to honour the Secretary of that Association on this occasion."

Reply by Dr. Walsh:

"Monsieur le Président, Mesdames et Messieurs: Je vous prie d'accepter mes remerciements pour l'honneur que vous m'avez fait. J'espère que je serai toujours digne de ce geste qui m'honore beaucoup.

I have just tried, very feebly to express my thanks to the President and through him to the members of the dental profession in Canada for this very nice gesture in presenting me with an Honorary Membership.

I didn't expect to see the ladies here today but there are no bad stories around so I can carry on.

I was a little fooled. I said to my sweetheart, that is my good wife, "What are you going to do today at noon?"

She said, "Oh, I am going to wander down town and have a bite to eat." I see her in front of me. I am not nervous . . . those knees you hear shaking . . . that is just the table which is not very secure.

Now, in the hour at my disposal . . . the one and a half minutes at my disposal . . . I could give a lot of statistics about the development of this Canadian Dental Association, but I am in favour of the statement made by our Mayor recently. He has a good sense of humour. Somebody said to him, "Give them statistics". He said, "I don't want statistics, I want facts."

Well, the facts of the matter are twofold. One is that the C.D.A. has grown by leaps and bounds and the other is that I have had the privilege of watching it grow.

The word "growth" reminds me that yesterday I had to go to a grocery store to bring home a loaf of bread and a little boy came in and he said to the clerk, "Will you sell me some bird seed?"

He said, "Sure, I will sell you some bird seed . . . how many birds have you got?"

He said, "I haven't got any . . . I want to grow some."

Now, birds will not grow that way but I say to the members here every seed of integrity in the C.D.A. . . . public dental health service and high professional standards, community social service, interest in our present socialized democratic programme . . . these seeds will grow and grow to the benefit of the profession.

In closing, my last thought is this, and it is based on a little experience

ASSOCIATION MEETING

in my undergraduate days. They used to say in baseball, as Joe di Maggio goes, so goes the Yankees.

Well, Gentlemen, in the dental profession today, as the C.D.A. goes, through that wonderful Secretary, Don Gullett, so does our dental profession. Stand behind it and it will never let you down."

Reply by Dr. Charron

"Monsieur le President, Honoured Guests, Dr. Archambault, Dr. Hillenbrand: My emotions have taken the upper hand upon me just at present and I am having an awful lot of difficulty to control them but after all, I think we should.

This is an honour I deeply appreciate and I know very well it is not my humble person that has been given this honour but the team I represent and the team work accomplished all through Canada.

This Canadian Dental Association . . . I saw nearly its birth. I remember since 1917, I think, and have followed their activities and their accomplishments. I think we should be very, very proud of our Canadian Association, and we are very fortunate to have the team of men who have given their contribution in such an excellent way, and I am so convinced that our profession has contributed to the unity and I think we have unity through Canada in our profession, and I think this is a wonderful example to the citizens and if that were copied in other professions and in other spheres I think it would be a good thing.

Therefore, you may be assured, Mr. Chairman, how much I appreciate this great honour and I will cherish it positively as one of the best I have had in my life, and mostly because it has come from my fellow citizens in Canada . . . the others have happened through different people, which I most appreciate also, but this is the first time I get this from my own citizens, and I more than appreciate it."

INSTALLATION OF NEW PRESIDENT

Dr. Harvey W. Reid, Past-president of the Association acted as Installing Officer.

"Mr. President, Dr. Archambault, Distinguished Guests, Ladies and Gentlemen: Much of the strength of any organization lies in the calibre of men that are being trained to take over senior positions within that organization.

The Constitution and By-laws of the Canadian Dental Association provide, and I think very wisely, that we shall have a new President each year.

It is now my privilege, and I deem it an honour, to introduce him to you.

Alphonsus John Coughlan, affectionately known to us as "Al" was born in Saint John, New Brunswick. He attended St. Peter's School and Saint John High School, and graduated from Tufts Dental College, Boston, in January 1918, with the degree of D.M.D. He also holds a Bachelor of Arts degree from St. Joseph's University.

After most of two years in military service as a Lieutenant in World War I he started practice in Saint John in May 1920. He has practised very successfully there ever since.

He has been President of the Saint John Dental Society, the New Brunswick Dental Society, and he has been representative to the Canadian Dental Association Board of Governors since 1948.

He is a Fellow of the International College of Dentists and he is a Member of the Knights of Columbus.

Al, I congratulate you, and I am very happy to install you as President of the Canadian Dental Association.

. . . Chain of Office and Badge — presented to Dr. Coughlan. . . .

I charge you with the responsibility of leading this great organization for the ensuing year.

These are trying days for the profession . . . your duties will be onerous. You will have many vexing decisions to make and you will have disappointments. But let me assure you that you will have wonderful and cheering support from every member of the profession right across Canada. May God direct your judgment and bless your efforts.

Ladies and Gentlemen . . . your new President.”

Reply by new President

“Mr. Chairman, Honoured Guests, Ladies and Gentlemen: May I be permitted to say a word of thanks to Dr. Harvey Reid who, on behalf of the Canadian Dental Association, has elevated me to this high office.

I think Harvey extended himself a bit in some of his remarks and I wondered if my wife might be a bit confused on hearing some of these things.

Not so long ago I heard the President of a national organization, similar to the C.D.A., make the statement that in his estimation the Presidency was not a vocation nor an avocation, but a dedication. I feel that the truth of that statement may be brought into truer focus for me in the course of the next twelve months.

It is with much pride that I received this honour, realizing as I do, that in honouring me you are paying tribute to the Province which I represent — New Brunswick.

And may I say that in the formation of this organization, some fifteen years past, New Brunswick men played an important role.

The progress of our organization has not been rapid but it has been sound. It has moved along, consolidating its position and broadening the scope of its activities. The year which lies ahead may not be unlike previous years, requiring work, service and sacrifice, so that our organization may progress, not only for the membership but for the well-being of all Canadians.

I have every confidence in the future of this organization with its competent staff, directed by our very efficient Secretary, Dr. Don Gullett, supported

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by committees and committee chairmen, whose sole aim is the advancement and betterment of the dental profession across Canada. I feel that I can rely on the experience, help and assistance of a man who has served you as President well during the past year . . . Dr. Gustave Ratté . . . and on the wise counsel of a man who has been closely identified with the dental profession for many years . . . our President-elect, Dr. P. G. Anderson. With such a supporting cast, I am pleased and honoured to accept the Presidency. Thank you. (Applause.)

I feel I am greatly indebted to the French-speaking members of our Association and therefore, if they will bear with me, I will say a few words in French.

Monsieur le Président, Mesdames et Messieurs: Il me fait plaisir de vous dire quelques mots en français.

Comme nouveau président de l'association dentaire canadienne, je vous remercie et j'espère mériter votre confiance et toute votre coopération dans tous mes efforts pour vous servir. (Applause.)

It is perhaps a little early for me to start making announcements or making statements, but this morning I received a very fine telegram from the President of the Class of 1918 at Tufts, and congratulating me and I would like to acknowledge that here because in this audience are three or four members of my class who came from Boston to be present at this installment. I would thank them and tell them they could pass that word of thanks to Dr. Hyman Swartz, President of the Class of 1918, until I am able to acknowledge it personally.

There is one other matter I would like to bring to your attention because I don't feel I will ever get this gathering together at one time again. That is to remind you that in September of 1954 the Convention will be held in New Brunswick. The place is St. Andrew's By-The-Sea . . . the time, the 5th, 6th, 7th and 8th. We would ask that you make a particular effort to attend this meeting, because this particular spot offers all the possible means of entertainment. I can vouch for it. It is one of the C.P.R.'s best summer hotels. (Applause)

Excuse me if I neglected to mention the month . . . it is the 5th, 6th, 7th and 8th of September . . . a most beautiful time in New Brunswick."

Dr. Reid Continued

"This has been a very successful year in the life of our organization and much of that success has been due to the efforts of our President, Dr. Gustave Ratté. He has been untiring. He has travelled from coast to coast, almost twice in the interests of the Canadian Dental Association. He has attended innumerable meetings. He has been particularly interested in the work of the committees and he has watched the work of each committee and has made very valuable suggestions that assisted greatly in coordinating the work of the different committees.

In fact, I just wonder when he has practised any dentistry this year.

Gus, we all appreciate the outstanding leadership that you have given and we are grateful to you. I now pin on you your Past President's Badge and install you as Immediate Past President. I know you will wear it with pride. I do hope that you will not consider it a reward for past services but as marking a milestone in your service. Your particular talents and your enthusiasm we need for many more years.

I am told that you have been away from home a great deal this year, and I am also told that Adrienne has been very patient with you. I wonder, Adrienne, if you would stand? (Applause)

Adrienne, we appreciate very much the wonderful help that you have given us and we do appreciate the outstanding job that you both have done.

On behalf of the Board of Governors and the dentists of Canada, I am going to ask you both to accept this tray. May you have many years together to enjoy it."

... Silver tray presented ...

(Applause)

Reply by Dr. Ratté

"Dr. Reid, it is surprising how you can misjudge men. I had a friend that was named Harvey Reid. I never thought he could say such things. With all he has said I think from now on I will be able to be the boss in the home.

Harvey, I am very thankful to you for all the things you have said of me. I know your sincerity and I know you believe all this but you have known me long enough and I think you are mistaken.

To all of you I thank you very much for the confidence you have put in me.

Harvey, I thank you very much for the words you have said about my wife. For any one of you, your wife is always the best in the world and I think I have the best of all. She has had to stay home long weeks and long days and she has always smiled because she felt that I was performing a high and necessary duty.

We both appreciate very much this presentation of this plate. We will be delighted to look at it and looking at it, both of us will be thinking of all of you, all of you that we have met all over the country, and from the bottom of my heart, and for my wife also I say to you, thank you very much.

I have also to promise to my successor that I won't let him down, and to him I wish greater success." (Applause)

STATEMENT BY DR. R. O. WINN, PRESIDENT DENTAL COUNCIL OF CANADA

"To the President and Members of the Canadian Dental Association:

1. The Executive and Members of the Dental Council of Canada, meeting

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in final session of the Council at Montreal, October 19th, 1953, respectfully present the following statement:

2. It is a singular coincidence that although the first formal meeting of the Dominion Dental Council, known during the past several years as The Dental Council of Canada, took place in Toronto on September 10th, 1904, it was here in the City of Montreal, on September 16th, 1902, that the first organization meeting of the Council took place. The operations of the Council may therefore be said to have covered the period of approximately half a century in the life of our nation.

3. The objective in mind at the time was the promotion of a central organization under the control of the Dental Profession of Canada, to erect and maintain a standard of ethics and dental education for the profession, and to issue certificates of qualification to candidates who passed examinations conducted by the Council.

4. The past fifty years have been eventful for both our nation and our profession. Due to the complex and widely varying problems and attitudes of mind confronting the leaders of our profession in the far flung provinces of our Dominion, which have been and are common to all political, professional and business bodies functioning in Canada, it was not possible, despite continuous effort toward that end, to achieve the required unanimity of purpose necessary to enable the Council to acquire incorporation on a national basis. In spite of that, however, a notable service has been rendered the dental profession by the Council over a period of half a century.

5. It is interesting to note that during the past fifty years 1,930 certificates of qualification have been issued by this Council.

6. A financial contribution to the welfare of the whole Canadian profession has been made in the form of a donation of \$5,000.00 to the Research Committee of the C.D.A. and a further contribution of \$7,000.00 to the promotion and development of the National Dental Examining Board of Canada.

7. The members of the Dental Council have noted, with much satisfaction, the efforts of the Executive of the C.D.A. over the past several years, directed toward the organization of a National Examining Board that might enjoy complete national status. The recent announcement of the attainment of that objective has been received with pleasure, not only by the members of the Canadian Dental Association in general, but by the members of the Dental Council, in particular. We are proud also of the selection of Dr. Howard J. Merkeley, one of our Council members, as the first President of the National Dental Examining Board of Canada.

8. In keeping with the policy of the Dental Council since its inception, which has been to further the best interests of the Dental Profession at all times, and as further evidence of the good will of our organization which has today concluded its services to Canadian Dentistry, the following motion has been proposed and unanimously adopted by the Council:

BE IT RESOLVED by this body, the Dental Council of Canada, as the final item of business to be recorded on the books of the Council, that the assets of the Council be disposed of as follows:

1. That certain physical assets valued at approximately \$1,000.00 be donated to the N.D.E.B.
 2. That the records and books of the Council be given to the Secretary of the National Dental Examining Board of Canada for filing.
 3. That the remaining financial assets of the Council, amounting to approximately \$5,000.00 be donated to the National Dental Examining Board.
9. And,

BE IT FURTHER RESOLVED by the members of the Council in complete agreement, that we record here our happiness and confidence in laying down the responsibilities that have been ours for half a century and our determination to lend our full support as individuals to the Executive and members of the National Dental Examining Board of Canada in all its operations for the good and welfare of Dentistry, and that copies of this resolution be handed to the Officers of the National Dental Examining Board and to the Executive of the Canadian Dental Association."

... Bonds presented to Dr. Howard J. Merkeley,
President of National Dental Examining Board ...

REPLY BY DR. H. J. MERKELEY, PRESIDENT NATIONAL DENTAL EXAMINING BOARD

"Mr. Chairman, Dr. Archambault, Dr. Winn, Distinguished Guests, My Confreres: It is my privilege, on behalf of the National Dental Examining Board to accept the very generous gift and good wishes from the Dental Council of Canada.

For almost half a century the Dominion Dental Council, more recently known as the Dental Council of Canada, has quietly and very efficiently discharged its duties. It has raised and strengthened the ethical status of our profession over a long period. A roster of its officers is a "Who's Who" of Canadian Dentistry.

May I ask the Members of the Dental Council to stand: Dr. Winn, Ontario . . . Dr. Brett, Saskatchewan . . . Dr. Freeland, Alberta . . . Dr. Peters, New Brunswick . . . Dr. Crosby, Nova Scotia . . . and Dr. Heath McIntyre, from Prince Edward Island, a Past President and member of the Board for twenty years.

These are the men who have made such a magnificent gesture of good will toward the whole profession. How do you receive them? (Applause)

I hope it will not be said, as in the press report of a funeral, that one of the bearers slipped and broke his leg and this cast a gloom over the whole occasion."

The meeting was adjourned at 3.00 p.m.

7 DAYS

THIS BOOK MAY BE KEPT FOR
7 DAYS ONLY
IT CANNOT BE RENEWED

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